



# CORPORATION OF GLASGOW

Health and Welfare Department

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## SCHOOL HEALTH SERVICE

# REPORT

ON THE

# Medical Inspection and Treatment of School Children

FOR THE YEAR ENDED 31st DECEMBER, 1964

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*(Reprinted from the Report of the Medical Officer of Health  
for the year 1964).*





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## PREFACE

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As for 1963, this Report on the work of the School Health Service is for the calendar year ending 31st December. The statistics for the school year ending 31st July, 1964, have been prepared separately and submitted to the Scottish Home and Health and Scottish Education Departments.

While medical staffing difficulties have been eased it is becoming clear that the existing establishment will not be sufficient to meet the needs of the service. The employment of married women doctors and male general practitioners on a sessional basis has, however, allowed the Department's health education programme in schools to be extended, but the impact of these programmes will be made more effective by their proposed extension into the primary schools.

Postgraduate training of medical staff has continued, and in addition to University courses on mental deficiency and psychiatry the consultants working in the Department have provided special clinical refresher courses on their respective subjects. The stimulation afforded by these developments gives a new dimension to the work of the school medical officer.

Close co-operation between the Maternity and Child Welfare and School Health Services is essential if continuous supervision is to be exercised over all children, and especially those who are handicapped or have emotional problems. The Balvicar Centre is an example of the effective link between the services.

An important part of the work of the School Health Service is the immunisation campaigns which are undertaken throughout the year for protection against diphtheria, tetanus, poliomyelitis and tuberculosis. Of particular value was the B.C.G. campaign against tuberculosis where 95 per cent. of the parents consented to having their children tested and if necessary vaccinated.

The School Health Service is moving forward rapidly and taking advantage of every opportunity to improve and extend the service provided.

WM. A. HORNE,  
*Medical Officer of Health.*

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## GENERAL INTRODUCTION.

This year further education colleges were visited by the School Medical Officer on a regular monthly basis. This is a field of work which must expand and if more staff were available, a more frequent coverage would be possible. Further education colleges require a Student Health Service just as much as a University. A very important subject requiring development here is health education and in this the doctor/health visitor team has an important part to play.

Health education in schools is developing rapidly and more demand is being made by the individual schools. Included in the programme are talks on the danger of smoking. More and more films, filmstrips and flannelgraphs are becoming available to the Service. Many items used come from abroad; films from the United States and relief anatomical charts from Italy. Authority has now been obtained to employ up to twenty part-time medical officers in this work. Dr. Nora Wattie is helping in this field in further education colleges. A further rapid expansion of this scheme is hoped for with the participation of schools which have not so far taken part in the scheme.

The Audiometric Survey continues to function well and several interesting papers on deafness syndromes have been published by Dr. Margaret Dunn. Now that the Service is up to strength with audiometricians, the time has come to extend the scope of the surveys and to examine the nine and ten-year-old group of children. An important section of the work associated with the Audiometric Unit is the detection and supervision of the aphasic or the non-speaking child. Classes for this type of child are now available in Kelbourne School and seventeen children are meantime catered for. Tape-recorders were installed for the use of the speech therapists and these have been of great benefit as children are helped enormously when they hear themselves controlling their speech and speaking much more fluently. The purchase of a speech audiometer for use with the children in the aphasic class was most successful.

The Diphtheria and Tetanus Immunisation Campaign reached record proportions this year, and in all, 85,624 doses of vaccine were used. 22,016 doses of oral poliomyelitis vaccine were given.

Note must be made of the "Happy Smile" Dental Campaign which took place during the earlier part of the year. Unfortunately, after most intensive effort, the improvement appeared to be only of a temporary nature and the end product of the campaign was a child



who knew the rules of dental health but did not practise them. The Chief Dental Officer reports that we remain unable to offer Glasgow school children a satisfactory Dental Service. Our average number of children per school dental officer is 9,600 compared with the Scottish average of 4,300. Children in the peripheral housing schemes are particularly poorly served due to lack of local clinic facilities.

In the routine medical work of the Department, visual acuity of infants as tested by the " E " Test was recorded for the first time, and all age-groups were tested for colour vision. Towards the end of the year arrangements were made to conduct intensive surveys of vision of children using the Keystone Tester. The results will be reported upon next year.

Dr. A. Rogen, our Cardiologist, has some interesting remarks to make about the change in the incidence of heart disease today compared with the early years of the schools' cardiac clinic. Rheumatic heart disease is much reduced compared with the period shortly after the last war.

The Remand Home (Scotland) Rules, 1964 came into force on 1st October, 1964, and these set out the duties of the medical officer as regards supervision of the health of children and staff and of the hygienic condition of the premises.

All in all, 1964 was a year of intense activity for the School Health Service. Owing to the increased volume of work the establishment of speech therapists was increased to 16, and an extra occupational therapist was employed for the extension of this work at Kelbourne School. The four dental auxiliaries have been of great help in the dental field.

The stage has now been reached when consideration should be given to the expansion of the medical, dental and nursing staffs of this Service. The field of work is rapidly expanding and is changing and becoming more complex.

It is a pleasure to acknowledge again the support, interest and encouragement of the Conveners and members of the Health and Welfare and of the Education Committees, and to thank the Director of Education, his staff and the teachers for their ready co-operation in the work of the School Health Service. I would also thank the members of the School Health Service for their continued loyalty and collaboration and, in particular, Mr. James A. Stewart, Assistant Administrative Officer, for his help in collecting and arranging the material for this Report.

T. SCOTT WILSON, M.D., D.P.H., D.I.H., D.P.A.,  
*Principal Medical Officer.*

## LIST OF STAFF AS AT 31st DECEMBER, 1964.

### (a) Whole Time Staff—

1 Principal Medical Officer ; 1 Assistant Principal Medical Officer ; 19 School Medical Officers <sup>(1)</sup> ; 1 Chief Dental Officer ; 17 School Dental Officers ; 1 Superintendent Health Visitor for Schools ; 82 School Nurses (comprising 51 Health Visitors and 31 other Nurses, 9 of whom were employed as Cleanliness Inspectresses) <sup>(2)</sup> ; 16 Speech Therapists <sup>(3)</sup> ; 9 Physiotherapists (including 1 Superintendent and 3 Physical Training Teachers) <sup>(4)</sup> ; 2 Occupational Therapists <sup>(5)</sup> ; 3 Audiometricians <sup>(6)</sup> ; 1 Dispensing Optician (seconded by the Western Regional Hospital Board) ; 5 Dental Technicians ; 4 Dental Auxiliaries ; 19 Dental Surgery Assistants <sup>(7)</sup> ; 1 Assistant Administrative Officer ; 26 Clerks <sup>(8)</sup>.

<sup>(1)</sup> *Drs. Myrtle Farquharson, Norman Logan, Marjorie MacBeath and James Murdoch were appointed 22.6.64. Dr. John Hanley was transferred to a Division 1.7.64 and Dr. James Parker retired 29.8.64. Dr. John D. Leonard was on leave from 1.10.64 on D.P.H. Course.*

<sup>(2)</sup> *10 Nurses were appointed and 8 left. In addition to the staff shown, 3 Health Visitors on a year's contract were employed and 2 Nurses were seconded from the Divisions to act as Cleanliness Inspectresses.*

<sup>(3)</sup> *6 Speech Therapists were appointed and 1 left.*

<sup>(4)</sup> *2 Physiotherapists were appointed and 3 (including 1 P.T. Teacher) left.*

<sup>(5)</sup> *1 Occupational Therapist was appointed.*

<sup>(6)</sup> *1 Audiometrician was appointed and 2 left.*

<sup>(7)</sup> *3 Dental Surgery Assistants were appointed and 3 left.*

<sup>(8)</sup> *11 Clerks were appointed and 11 left.*

### (b) Part-time Staff—

22 School Medical Officers ; 2 Dental Officers ; 2 Dental Surgery Assistants ; 18 Consultants <sup>(1)</sup>.

<sup>(1)</sup> *All are seconded to School Health Service work by arrangement with the Western Regional Hospital Board (9 Oculists, 5 Aurists, 1 Cardiologist, 1 Dermatologist, 1 Anaesthetist, 1 Orthopaedic Surgeon).*

Local doctors and dentists undertook emergency duties at the residential schools and at Mossbank and Balrossie Approved Schools in accordance with separate arrangements made with the local Executive Councils.

## GENERAL STATISTICS.

Number of Schools at 31st December, 1964.

(a) Primary ... ..	209
(b) Secondary ... ..	75
(c) Schools for Handicapped Children ... ..	23
(d) Approved Schools ... ..	2
(e) Residential Schools ... ..	14
(f) Nursery Schools ... ..	46
(g) Hospital Schools ... ..	7
(h) Agricultural Schools ... ..	1
(i) Gardening Schools ... ..	1
Total Schools Under Education Authority	378
(j) Schools in receipt of Grant and under Medical Inspection ... ..	9
	<hr/> 387 <hr/>

There are also 11 Occupational Centres housed in ordinary schools.

The average number of children on the register of all schools was 176,505 and the average number in attendance during the year was 159,526 (90·3 per cent.).

#### SYSTEM AND EXTENT OF MEDICAL INSPECTION AND TREATMENT.

The scheme of inspection is conducted broadly on the lines suggested by the Scottish Home and Health Department in a circular letter issued at the beginning of August each year. The circular specifies the year of birth of the pupils to be medically inspected systematically during the ensuing school session (five age-groups). It also advises that provision should be made for the re-examination of pupils found defective at previous inspections, for the special examination of pupils suspected by teachers, parents, nurses or others to be suffering from defects, and for the general supervision of the health and cleanliness of pupils, through visitation of schools by school medical officers and school nurses, at frequent intervals. The systematic medical inspection of children attending nursery schools is also required and information on various other matters is requested from time to time.

Parents are given three days' notice on each occasion of the routine medical inspection of their children and are invited to attend thereat. School Medical Officers visit the schools for the purpose of conducting systematic examinations according to a fixed time-table based primarily on the estimated numbers due for examination as supplied previously by Head Teachers. A medical record card for each child is kept in the school and a "Hollerith" card is made out for statistical purposes.

The programme during the year was as follows :—

*Routine Medical Inspection* in ordinary schools was given to (1) Entrants—Infants (children in the Infant Department who had not previously been subjected to detailed routine inspection) ; (2) 9 year-olds (but discontinued after June, 1963) ; (3) 13 year-olds ; (4) 16 year-olds ; (5) 7 year-olds (testing of vision only by nurses) ; (6) 6 year-olds (testing of hearing by audiometricians).

" *Non-Routine* " *Inspections* were also undertaken, comprising pupils (a) outwith the above-mentioned groups presented at any inspection because of defect observed by teacher and (b) approaching "fixed dates" for leaving school who were presented for "Leaving Interview."

" *Cases at Risk* " (that is, pupils found at previous inspection to be suffering from disease or defect) were re-examined at intervals determined by the school medical officer.

In *Schools for the Handicapped* routine medical inspection was also provided for physically and mentally handicapped pupils. Additional inspections for the purpose of re-assessment were also arranged at suitable intervals.

*Other Inspections* included : children for residential schooling, school camps and educational excursions ; printers' apprentices, applicants under Byelaws, Remand Home children and adult employees.

*Cleanliness Inspection* by nurses and various "drives" in schools were undertaken—diphtheria/tetanus immunisation, poliomyelitis vaccination and B.C.G. vaccination, including Mantoux testing and X-raying.

## TREATMENT.

A list of the school clinics and services given are as follows :—

CLINIC	Skin, Eye, Ear and other minor diseases	Refraction	Dental	X-ray (Skin Treatment)	Ultra-violet ray	Orthopaedic	Scabies Baths
80/90 Kinfauns Drive, W.5 ... ..	1	1	2	—	—	1	—
18 Plean Street, W.4 ... ..	1	—	1	—	—	—	—
4 Sandy Road, W.1 ... ..	1	1	1	—	—	—	—
130 William Street, C.3 ... ..	1	1	1	1	—	—	—
91 Denmark Street, N.2 ... ..	1	1	2	—	—	—	—
Hyde Park School, N.1 ... ..	1	1	1	—	—	—	—
15 Glenbarr Street, N.1 ... ..	1	1	4	—	1	1	1
60 Avenuepark Street, N.W. ... ..	1	1	1	—	—	1	—
40 Grovepark Street, N.W. ... ..	1	—	1	—	—	—	—
2 Lochdochart Road, E.4 ... ..	1	—	—	—	—	—	—
5 Craiglockhart Street, E.3 ... ..	1	—	—	—	—	—	—
74 Wellhouse Crescent, E.3 ... ..	1	1	—	—	—	—	—
155 Crail Street, E.1 ... ..	1	1	2	—	—	—	—
23 Acorn Street, S.E. ... ..	1	1	—	—	—	—	—
10 Redan Street, S.E. ... ..	—	—	1	—	—	—	—
22 Arnprior Quadrant, S.5 ... ..	1	1	—	—	—	—	—
20 Harriet Street, S.3 ... ..	1	1	1	—	—	1	—
Calder Street School, S.2 ... ..	—	—	1	—	—	—	—
26 Florence Street, C.5 ... ..	1	1	2	—	1	1	1
Netherplace Road, S.W.3 ... ..	1	1	1	—	—	—	—
74 Berryknowes Road, S.W.2 ... ..	1	—	—	—	—	—	—
Fairfield School, S.W.1 ... ..	—	—	1	—	—	—	—
St. Anthony's School, S.W.1 ... ..	1	—	—	—	—	—	—
29 Govan Road, S.W.1 ... ..	1	1	1	—	—	—	—

Other treatment facilities provided were as before.

## HEALTH EDUCATION.

The following note has been supplied by Dr. M. P. Menzies, Assistant Principal Medical Officer :—

“ This year has shown further expansion in our Health Education Scheme. School health visitors continue to play a major part in the day to day teaching and discussion groups and also by reason of their willingness to take certain groups which meet only in the evenings. The number of women doctors appointed solely for the purpose of health education has increased to nine and most of them have been prepared to allocate time for several sessions a week, thereby covering a greater number of schools.

The extension of our scheme to primary schools, with three schools last year, proved to be of such value that ten primary schools this



year invited us to provide courses. This was largely carried out by school health visitors. Thirty-four secondary and comprehensive schools participated in the scheme; a male medical officer gave a course of instruction at an Approved School and the classes held by a woman doctor for senior mentally handicapped boys and girls were continued.

The diversity of ages and skills of the young people brought much of interest to light. Nail-biting, often of severe degree, has been widely noted and with no improvement after discussion. The habit is attributed to "nerves" and this seems to make it acceptable to the young people. Choice of shoes and care of the feet revealed that shoes, stockings and socks are bought, worn and discarded; rarely ever mended.

In all secondary schools the desire was to know about "the facts of life." Even when simple physiology and personal relations have been discussed, they still asked to be told "the facts of life." The phrase appears to have attained a mystery about it which is not explained by simple basic facts. They think something is being withheld from them. Those who had groups of boys stated that the senior secondary boys were particularly interested in the "emotions" and had many questions about the abnormalities of sex and sexual behaviour.

The subject of alcohol was fully discussed in some groups and here the difficulty was expressed as the inability to say "No." At this age to be different from others is to be alone and lonely and it is clear that many boys or girls would accept alcohol rather than be the odd one out. This concept applies, too, in relations with the opposite sex. There appears to be a code of behaviour setting out certain things you must do with the opposite sex and you are "chicken" if you do not conform to this code. This form of blackmail of each other appears to be a recognised way of life among certain groups of young people. The attempts of the health educators are directed towards finding ways of explaining to them that they are being misled.

Health visitors also devoted much of their time to teaching for the Duke of Edinburgh Award Scheme. Their teaching assisted 300 girls presented for the Bronze Award, 120 for the Silver and 30 for the Gold. Talks, in addition to this, were given by staff to parent/teacher groups, Girls' Guildry and many private clubs and associations.

## ORTHOPAEDIC AND POSTURAL DEFECTS.

Mr. Guest, Orthopaedic Consultant, supplied the following note regarding the work in the Orthopaedic Unit at Mearnskirk Hospital, in the school clinics and at Kelbourne School for Spastics, for the year ending 31st December, 1964.

" The late effects of the various outbreaks of poliomyelitis in the 1950's are still being reflected in the operation figures and, as will be seen from the tables below, in more than half the children admitted to Mearnskirk Hospital the disability was the result of poliomyelitis. Following operative treatment these children are referred back to the School Orthopaedic Clinics for physiotherapy and aftercare. There are still many scores of patients attending the school clinics for periodic supervision by the therapists and examination by the visiting Orthopaedic Surgeon and in this way incipient deformities are treated early and effectively. Approximately three-quarters of all children who have had paralysis of the legs have later required operative treatment.

The work at Kelbourne Spastic School has been usefully augmented by the small pool which is now in full and constant use and which is a great aid in producing relaxation and confidence in the children.

The appointment of a second occupational therapist has brought the therapy staff to full strength, allowing a fuller programme of assessment and treatment.

Regular sessions are held by the Consultant Panel to assess the suitability of children referred for entry to the school. At these sessions the Consultants review the progress of children already in the school, with the aid of reports from teachers and therapists, and recommendations are made for their subsequent retention or transfer to other centres.

The Nursery Centre at Kelbourne continues to be a valuable factor in assessing the capabilities of these younger children and in getting them ready for more formal schooling.

In 1964 there were 159 children admitted to Mearnskirk Hospital, exactly the same number as last year. Of these 127 had operative treatment, 32 had general physiotherapeutic measures and were admitted for investigation, including muscle biopsy, which is not included in the operation figures.

Diagnosis of the 159 cases discharged was as follows :—

Foot deformities, 108 (congenital 5, acquired 2, post poliomyelitis 78, spastic 23). Other conditions due to poliomyelitis, 11 ; torticollis, 7 ; muscular dystrophy, 18 ; cerebral palsy, 4 ; knock-knees, 2 ; osteomyelitis, 2 ; miscellaneous, 7.

Operative treatment was given as undernoted :—

Manipulations, including tenotomy and wrenching, 35 ; elongation of tendo achilles, 30 ; tenotomy for torticollis, 7 ; tendon transplants, 20 ; stabilisations, 20 ; arthrodesis of toes, 2 ; stapling of epiphyses for shortening, 7 ; stapling of epiphyses for knock-knees, 2 ; miscellaneous, 4 ; total operations, 127.

Thirty-two were admitted for investigation and for general physiotherapy or non-operative treatment.

The average stay in hospital was 28 days.

Number on the waiting list on 1.1.65 was 17."

Dr. Norman Logan, School Medical Officer, has provided the following report on postural and respiratory defects seen in young school children today :—

“ The advice to ‘ train up a child in the way he should go, and when he is old he will not depart from it ’ is as good in matters physical as in moral. Troublesome physical shortcomings in adult life can be the fruit of small deviations from the normal in the child’s bodily habitus and muscular co-ordination. The seeds of those may be sown by a physical illness but as a rule the path of bad physical habits is trodden because no one instils the correct ones.

Some of the five-year-old boys and girls already show trends toward, some have actually developed, faulty posture or habits of respiration. Were there sufficient teachers of physical education in our Glasgow primary schools, continuous supervision or at least early particularisation of these children would be possible. But the short supply of physical education teachers means that the average Glasgow school child is in his thirteenth year before specialist training in the field of physical culture is available and regular instruction given.



Although Glasgow children are bigger and heavier than ever and very few are ill nourished, the current status of such desirable (and advantageous) attributes as good carriage and physical grace is not particularly high and the days when 'deportment,' as such, was taught are gone.

In such circumstances, the services made available to all children by the School Health Service have a valuable place in making regular physiotherapy available, and I take the opportunity to ask colleagues to put forward even mild cases as our staff feel them to be well worth treating. If not, they may be left to the age of thirteen when correction is very difficult.

The cases I speak of fall, with a few exceptions, into two groups. One formed of those with postural faults which can lead to permanent spinal misalignment such as round shoulders, lordosis and protuberant abdomen. The other group are boys and girls with a history of chest trouble; perhaps bronchitis or pneumonia at first; recurring, they often come to have the label 'asthma' attached and develop a rigidity of the chest wall with a poor respiratory excursion. These can be helped a great deal.

A few cases are referred by the Chest Consultants to our staff; but hospitals on the whole seem not to be fully aware of the School Health Service facilities available to children of school age. Some could be treated more often and nearer home which facts help the regularity of attendance.

Prevention not cure is the desideratum. In other medical fields a shift of emphasis is discernible from purely passive therapy of categorised 'disease' to more positive attitudes about health. This, in the School Health Service, we hope to lead, not follow."

#### SPECIAL CARDIAC CASES.

Dr. Rogen, the Heart Specialist from Stobhill Hospital, again attended school clinics for the purpose of examining school children specially referred by school medical officers and recommending any necessary treatment. During the session, he saw the following cases :—

New Cases		Re-examinations		Totals	
Boys	Girls	Boys	Girls	Boys	Girls
79	69	92	66	171	135

Dr. Rogen, in reviewing progress since the inauguration of the scheme, reports as follows :—

“ An increasing number of children are now admitted to hospital for further special investigation so that a more accurate diagnosis can be made as compared with the days before the special techniques became available. This may have some influence on the striking change in the incidence of congenital and rheumatic heart disease in the years just past compared with the early years of the cardiac clinics. In the year 1952, I reported in the *Glasgow Medical Journal* that of 917 children examined between February, 1947 and February, 1951, no significant abnormality was found in 486, and of the remainder showing organic heart disease there was rheumatic heart disease in 340 and congenital heart disease in 91.

All clinicians are aware of the changing pattern of rheumatic fever. It is much less frequent and normally much less severe than it was. It is not surprising therefore, that the evidence of rheumatic heart disease should be correspondingly reduced. I had no doubt that such a reduction was occurring in the school population but I was surprised to note the degree of this when the figures were analysed recently. Again a four-year period was reviewed. In this time 783 children were examined. No heart disease was made out in 505, congenital heart disease in 214, and rheumatic heart disease in 59 only. This remarkable change in the incidence of rheumatic heart disease is no doubt largely related to the reduced incidence of rheumatic fever, on its part following on the much greater control of streptococcal infection. Greater diagnostic facilities have already been mentioned as probably affecting the figures. The individual examiner's conception of the significance to put on clinical findings almost certainly changes to a degree over the years and although I am not aware of any significant change in my own standards, it must be accepted that this too may have had an effect on the two sets of figures.

Allowing for these possible factors which make the figures not strictly comparable, there remains no doubt but that rheumatic heart disease in school children is much reduced now as compared with 13 to 17 years ago.”

#### INVESTIGATION OF ALLERGIC CONDITIONS.

Dr. T. W. F. Gemmell, School Medical Officer, provided the following note :—

“ A clinic for investigation of allergic conditions in Glasgow school children has been running at Crail Street, Glasgow, E.1, since 1949.

The number now in attendance is much less than in the early years, but it is unlikely that that points to any reduction in the incidence of allergic disorders. When this clinic was started it was one of the first centres in Glasgow for such investigation and patients used to be referred from all parts of the City. There are now many clinics or out-patient departments where such treatment is available, so most of the cases now dealt with at Crail Street are from the local area.

Results continue to show that this is a very useful diagnostic weapon in dealing with all disorders which may have an allergic basis. The information obtained from the tests is passed on to the family doctor, and treatment is carried out either by him or at the local clinic."

### THE MINOR AILMENTS CLINIC.

Dr. Helen M. Scott, School Medical Officer, has supplied the following note :—

"Children are referred to the minor ailments clinic from various sources, most being seen in school by the Medical Officer at routine or non-routine inspection.

A large proportion of the children are underweight and debilitated, many of these being referred for residential school. In some areas bronchitics and asthmatics are seen whereas in other areas these are noticeably absent.

Enuresis seems to be a prevalent condition in Glasgow. A lot are due to faulty training and poor home hygiene and with encouragement and treatment from the clinic a proportion are cured. Secondary enuretics with an emotional basis do not do quite so well and some of these are eventually referred to the child guidance clinics.

From time to time more unusual conditions are seen at the clinics, e.g. gigantism in a 13-year-old girl who is 5 feet 11 inches tall.

Co-operation from the parents is variable. Every effort is made at the clinics in talking to parents to encourage higher standards of cleanliness, etc., but in some areas this is almost felt to be a losing battle due to the inability of parents to co-operate."

## AUDIOMETRIC SURVEYS.

The following report was prepared by Dr. Margaret Dunn, School Medical Officer :—

“ In general terms the policies of the Audiometric Survey Unit have pursued the pattern of previous years with extension of the work along certain channels. The staff has been augmented by two school medical officers already experienced in ear, nose and throat work, who have recently participated in the short course in hearing assessment at Manchester University. As well as doing clinical sessions, one has been evaluating the data in connection with a small project on twins and hearing and the other has been investigating the usefulness of the Keeler Audiometer at routine school medical inspections.

The audiometricians, in number, one under establishment, have found the transistorised audiometers for sweep testing in schools dependable and satisfactory. There has been steady co-operation with the Ear, Nose and Throat Hospital and on the one hand, student audiometricians have been instructed in the work in schools and in clinics, and in turn the Unit's audiometricians have joined into some classes at the hospital, which they found very helpful. The staff, too, has outlined the work of the Unit to D.P.H. and D.C.H. students. Audiograms have been prepared for the seconded ear specialists to the School Health Service, working in various clinics, and yearly review audiograms of all the children in the schools for the deaf have been made. The regular visiting otologist to the Unit from the Ear, Nose and Throat Hospital has been able to increase his number of clinic sessions and visits all the schools for the deaf regularly.

The continuing co-operation of the Speech Reading Unit and the Audiology Unit is happy to note, as is that with the Child Guidance Service, Speech Therapy Department and the Maternity and Child Welfare Service. The helpful advice of the Regional Physics Department has been much appreciated. It is interesting to see how the projection of knowledge about the Unit can be furthered by word of mouth at paediatric meetings, at Infectious Disease Hospital Group Conferences and the like, and the value of this is considerable, offering many extraneous sources of referral to the Unit.

It is clear that as well as requiring knowledge of the pathology and neurology of deafness, insight and understanding of the educational and social problems of deaf children are essential requisites of the advisory



staff. This is noticed especially in case conference work where the most advantageous placing of the child with a hearing loss has to be determined.

In this connection it is noted that there are 176 children with hearing aids in ordinary schools in Glasgow, all being reviewed medically regularly and supported by teachers from the Speech Reading Unit. A demographical factor is seen here for every effort is made in this country to keep the handicapped child with supplementary help at the ordinary school, whereas in some European countries this is not considered to be of first importance.

It is obvious that early detection of a hearing loss in a child is essential as is every effort being made for primary prevention. In order to view histories in detail to this end, the medical record card for candidates for the schools for deaf and partially deaf children has been revised and standardised for children whether within or outwith the City. Such histories, when reviewed, may yield pointers for research. From examining the histories, as they stand at present, of all children in deaf and partially deaf Glasgow schools it is seen that the cause of deafness is unknown in 75 per cent. of cases. This figure is higher than the accepted rate currently held of 50 per cent. and it may be that a more systematic and searching history in the light of present day knowledge would show a different result. Again 40 per cent. showed sibling or parental deafness in the family history.

The project of surveying all children in mentally and physically handicapped classes for deafness is being carried out next year and preparations are being made to sweep test all the children in this group, followed by ear, nose and throat examination, and pure tone audiograms of the failures. Systematic records will be kept of the results. The investigation of the children in Occupational Centres, who have failed the hearing tests performed by the Speech Reading Unit, is under way and already one child has been found to have a severe perceptive deafness requiring a hearing aid, and many require specialist help.

Examination of children known to be at risk for hearing was again carried out this year and it was noted that, within the routine survey fourteen group, two hearing aids were supplied ; one child had a risk history and one had not. This figure would clearly not justify a basis for policy decisions, but this trend runs parallel to current views whereby it is considered that risk registration and follow-up does not detect all cases of deafness.

From what is seen in clinic work at present it would seem more valuable to scrutinise each child more often in its school life than to intensify the pursuit of risk cases. Thus the administration of several surveys in the child's school period must be considered.

Of the 26 pairs of school entry twins included in a small hearing survey, histories were taken from the parents. There were 18 binovular and 8 uniovular pairs, 33 per cent. being premature births. One male of the first group showed a moderate mixed deafness. Of the uniovular twins none showed any interesting pattern as regards irregular penetration of the autosomal gene, dominant or recessive, which was the purpose of the exercise. One male in the uniovular group showed a conductive loss and one female pair showed a marked perceptive loss—they had the smallest birth weights in the series, being two pounds each. In all, 4 children required to be reviewed by the otologist.

The children suffering from severe speech defects, aphasia and dysphasia, in the special Aphasia Class, have been reviewed from time to time in school and in the clinic. They have also been seen by the classifying panel when educational, speech, medical and psychological progress reports were collated and evaluated. Four children were passed to ordinary school with continuation of speech therapy support, and one child returned to ordinary nursery school. Maturation appears to be a factor in these cases where much improvement occurs towards their fifth year of age. In the cases where there is known brain damage, progress has been steady and sustained as regards socialisation. The disorder being of a verbal symbolic nature, training to establish basics is extremely slow in producing results. Written symbol formation appears easier for the children to grasp initially. It is obvious that some of the children will require a long term special educational programme geared to their particular needs. All the parents of this group are most grateful for the specialised help being offered by the local authority.

In connection with this group of children the ideas gleaned from the Invalid Children's Aid Conference on Non-Communicating Children held in St. Bartholomew's Hospital, London, were stimulating and refreshing. Enrichment of knowledge of diagnosis and education of children with this particularly difficult handicap follows interchange of thought between colleagues working in this field.

Preventive measures associated with deafness envisage health education in schools teaching about ear care in the home; health education too with young parents, stressing the adequate attention to

upper respiratory and ear infections, and the early and good care of infectious disease in children. In such teaching, incorporation of points about proper understanding of the handicapped child in the general community must be made in order to develop the correct attitudes for promoting the physical and mental health of the child. Too often the child wearing a hearing aid expects and is mocked by his peers with the resulting barrier to its continued use. Attention must be paid to the family situation and the prevention of stresses in the home and in the classroom by unrealistic aims of friends and parents. It is essential, too, to prevent environmental isolation of the deaf child which may result from his communication difficulties. In all these matters the school medical officer and health visitor have an important role to play and can deploy their skills to good advantage for the benefit of child, family and community."

#### MEDICAL SUPERVISION OF REMAND HOMES.

Dr. T. W. F. Gemmell, School Medical Officer, supplied the following note :—

"The School Health Service exercises medical supervision over Larchgrove Remand Home for boys and Beechwood Remand Home for girls.

There has been a slight reduction in the number admitted to Larchgrove in the past year—2,222 as against 2,350 last year—but unfortunately this does not reflect any real reduction in delinquency. Owing to new police and court procedures the overcrowding which prevailed for a long time has now been largely overcome and conditions generally are now quite satisfactory. During the year, 4,802 medical examinations were carried out. Five boys were removed to hospital for treatment, one was sent for X-ray examination and ten were referred to clinics.

Numerous cases of minor illness were treated in the Remand Home sick bay.

In Beechwood Home the numbers were much the same as last year and probably the most notable feature was the increase in the number of cases of pregnancy among the girls admitted. General conditions in the Home are excellent."

## SCHOOL EYE SERVICE.

The visual acuity of children is tested by the school medical officers in the course of routine medical inspection. For infant-entrants the " E " test is used and for the other age-groups Snellen's Test Types at six metres are employed. Colour vision is tested by wool skein in the case of infants and by the Ishihara method for the older children.

Cases of defective vision thus discovered are reported to the Central Office. These children are then summoned to a school clinic where oculists seconded by the Hospital Board are in attendance to test by refraction and prescribe treatment. Spectacles can also be supplied through a firm of opticians under contract to the Hospital Board, free of charge or, where special frames are preferred, on payment of a contribution towards the cost. A dispensing optician attends daily at a different centre to assist parents in choosing type of spectacle frame, to fit and check the spectacles supplied and to arrange for repairs by the contractors.

A consultant ophthalmologist is also seconded by the Hospital Board and to him are referred the cases which present any difficulty. The Board accepts financial responsibility for the scheme and a weekly list of applicants for new spectacles is sent to the Executive Council to prevent duplication in supply through the Supplementary Services scheme.

Dr. William Wilson, who replaces Dr. Janet Steel as consultant, states that no important changes in the scheme have been made during the year.

## THE SCHOOL CLINIC IN A NEW HOUSING ESTATE.

Dr. A. D. Chisholm, School Medical Officer, has supplied the following note regarding the place of the school clinic in a new housing estate :—

" In the new housing estate the place of the school clinic is a unique one.

Operations commenced in temporary premises in a growing community and there was a sense of pioneering felt by the school health staff. This was shared by the families who had left the City—separated from many amenities and from familiar faces, and at a distance from family doctor and hospital. Consequently, these families



turned to the school clinic for advice on health and on various problems. The school clinic became the focal point in the parish and the school doctor and health visitor became well known in the community.

The goodwill and confidence in the school clinic established in these early days has continued to the present time and many of these early families still attend the fine new clinic. A good relationship with the schools in the parish developed also for similar reasons and this is of great value to the school health staff in carrying out their work.

The uprooting of families from their familiar background, and their adjustment to the new, is at least a partial cause of the many emotional and psychological problems with which the school health staff have to deal in a new housing estate. The child guidance clinic assists greatly in helping these children. Parents in need of help with family problems are referred to the appropriate social service.

The distance of the new housing estate from the City hospitals is often considerable and a good deal of casualty work has to be undertaken by school health staff.

The vigilance of the School Health Service and the improved living conditions ensure a marked improvement in the physical and mental health of the children in a new housing estate."

## PREVENTION OF TUBERCULOSIS.

### B.C.G. VACCINATION.

The annual campaign in schools was conducted in November and December, 1964, and the results are given in the section on Tuberculosis.

### MASS RADIOGRAPHY.

The School Health Service continued to arrange with the Mass Radiography Centre, Elmbank Street, for the X-raying of pupils attending Glasgow schools.

Dr. T. J. R. Miller, Medical Director of the Mass Radiography Service, has submitted the following report :—

" 2,198 children (1,164 boys and 1,034 girls) found to be mantoux positive in the course of the year were X-rayed for the first time, and 921 boys and 917 girls mantoux positive in the previous year, were re-X-rayed.

The incidence of active pulmonary tuberculosis fell from 5.54 to 2.2 per thousand in children X-rayed for the first time but rose from 1.04 to 1.6 per thousand in those re-examined, compared with 1963. Of the 2,198 children X-rayed for the first time 4 boys (3.4 per thousand) and 1 girl (0.9 per thousand) and 1 boy (1.1 per thousand) and 2 girls (2.1 per thousand) of the 1,838 pupils re-X-rayed, were found to have active lesions.

Inactive pulmonary tuberculosis was detected in 7 pupils (3.1 per thousand) X-rayed for the first time and in 7 (3.8 per thousand) attending for re-examination.

Previously diagnosed cases of pulmonary tuberculosis were almost six times more frequent in children re-examined (7.0 per thousand) than in those X-rayed for the first time (1.3 per thousand).

During the year under consideration 215 boys and 192 girls, in all 407 pupils who were not mantoux tested, were X-rayed at various schools visited by the Mass Miniature Radiography Units. 4 boys and 4 girls had evidence of healed primary infections and 1 boy had inactive pulmonary tuberculosis."

#### SURVEY OF FURTHER EDUCATION COLLEGES.

In the period 16th-20th November, 1964, the Mass Radiography Service, Elmbank Street, X-rayed 2,607 students (2,579 males and 28 females) attending Stow College of Engineering. 49 (all males) were recalled for large film. Staff to the number of 86 (71 males and 15 females) were also examined.

The results were as follows :—

	Students	Staff
? Active Pulmonary Tuberculosis ... ..	3	—
Inactive and ? Inactive Pulmonary Tuberculosis ...	5	1
Known Pulmonary Tuberculosis ... ..	1	—
? Pneumonic condition ... ..	1	—
? Bronchiectasis ... ..	1	—
Other Pulmonary abnormalities ... ..	3	—
	<hr/> 14	<hr/> 1

\* 1 Appeared in two categories.

The recorded incidence of active pulmonary tuberculosis (3.4 per thousand) among the students was satisfactorily low.

## TEACHERS' SICK PAY REGULATIONS.

During the year ended 31st December, 1964, teachers to the number of 2,833 (1,065 males and 1,768 females) were X-rayed. The space between examinations is now two years in place of the former one year.

The numbers recalled for large film and those X-rayed and reported on by Chest Physicians were 41 men and 67 women, the diagnoses being as shown :—

	Males	Females
Active Pulmonary Tuberculosis ... ..	—	1
Inactive Pulmonary Tuberculosis (including calcified or fibrotic conditions) ... ..	18*	27
Inactive Pulmonary Tuberculosis (pleural thickening)	4	1
Cardiac Hypertrophy ... ..	2*	—
No apparent defect ... ..	16	35
Bronchiectasis (long-standing) ... ..	1	—
Bone defects ... ..	—	1
Sarcoma of Lung ... ..	—	1
Pneumonectomy—remaining lung clear ... ..	1	1
	<hr/> 42* <hr/>	<hr/> 67 <hr/>

\* 1 appeared in two categories.

65 Reports on cases being kept under observation were also received from Chest Physicians—21 for males and 44 for females.

56 teachers (36 male and 20 female) who were not in the Teachers' Sick Pay Scheme were also X-rayed during the period August to December, 1964.

## SCHOOLS FOR HANDICAPPED CHILDREN.

Miss B. S. Watson, Superintendent of Schools for Handicapped Children, has supplied the following note :—

“ Children who cannot attend ordinary schools require special educational treatment and a wide range of provision is made for them in the City. Teachers in special schools are required to take additional courses of training after having experience of work with children in ordinary schools.

Children are taught the usual school subjects in small class groups and at the secondary stage have a more practical scheme of work which includes woodwork, metalwork, general crafts and gardening for boys and cookery, laundry, homecraft, needlework, dressmaking and child care for girls. Commercial courses are also provided for physically handicapped, partially sighted and partially hearing children.

Special educational provision is made in Glasgow as follows :—

#### 1. MENTALLY HANDICAPPED CHILDREN

- (a) 18 day schools with a total roll of 2,620 educable children ;
- (b) 1 residential school providing 45 short term places ; and
- (c) 11 occupational centres for trainable children with a total roll of 442.

#### 2. PHYSICALLY HANDICAPPED CHILDREN

- (a) 10 day schools for children suffering from general disabilities with a total roll of 255 ;
- (b) 1 day school for severely handicapped spastic children—the 45 children on roll range in age from 3 to 16 years.

#### 3. CHILDREN WITH DEFECTIVE VISION

- (a) *Blind.* Protestant blind children attend the Royal Blind School in Edinburgh as boarders and there are 28 on roll ranging in age from 3 to 20 years.

R.C. blind children from the whole of Scotland are enrolled in a day/boarding school—there are 8 Glasgow children in a total roll of 24.

- (b) *Partially sighted.* One school provides for all the children in the City—there are 65 on roll.

#### 4. CHILDREN WITH DEFECTIVE HEARING

- (a) *Deaf.*—2 schools provide day/boarding facilities for children from Glasgow and other parts of Scotland—of 120 on roll 51 are Glasgow children.

*(b) Partially hearing.*

- (i) 1 day/boarding school with 27 Glasgow children in a roll of 43.
- (ii) 1 day school with a roll of 48 day pupils.
- (iii) A speech reading unit which provides help for children who can remain in ordinary schools although they have a degree of hearing loss. 107 children are being visited at least once per week.

(In addition 2 teachers of the deaf are seconded to the Maternity and Child Welfare Section of Health and Welfare Department to deal with the assessment of suspected hearing loss in very young babies and the subsequent training of mothers and children.)

## 5. OTHER PROVISION IN GLASGOW

- (a) Two classes for 17 aphasic (non-speaking) children between 3 and 8 years of age.
- (b) Home tuition for 30 children unable to attend school.
- (c) 8 hospital schools providing education for children undergoing long term treatment—roll 203.

## 6. PROVISION MADE BY OTHER BODIES

There are a number of children, often suffering from multiple handicaps, for whom no local provision can be made because of the relatively small numbers requiring particular forms of residential education. The Education Committee has accepted financial responsibility for such children as follows :—

Deaf, blind and physically handicapped requiring residential education—

- 2 at Mary Hare Grammar School for the Deaf, Newbury, Berks.
- 28 at Royal Blind School, Edinburgh.
- 40 at Biggart Memorial Home, Prestwick.
- 5 at Dr. Barnardo's Coltness House, Wishaw.
- 49 at East Park Homes, Glasgow and Largs.
- 11 at Carsemeadow School, Colony for Epileptics, Bridge of Weir.
- 2 at Scotsraig School for Spastics, Paisley.
- 4 at Stanmore House, Lanark (mentally handicapped spastics).

7. Mentally handicapped children who present problems at home and in school may be sent to hospital for long term treatment. Others may be sent on the instruction of the Courts for misdemeanour. The number of children so placed at present are :—

Royal Scottish National Institution, Larbert (17).

Lennox Castle Hospital, Lennoxtown (2).

Waverley Park Home, Kirkintilloch (16).

Caldwell House Hospital, Uplawmoor (1).

Birkwood Institution, Lesmahagow (7).

St. Charles' Institution, Carstairs (19).

St. Joseph's Institution, Rosewell (1).

#### AFTER CARE OF HANDICAPPED PUPILS.

The close link between Special Schools and After Care is maintained. This is important to the children leaving school at the age of 16 years. In addition a deep interest is taken by both Education and Health officials in the various voluntary associations interested in the different categories of handicaps.

#### EXAMINATION OF MENTALLY HANDICAPPED PUPILS.

The number of children specially examined by school medical officers during the year regarding mental defects was as follows :—

		Boys	Girls	Totals
First Examinations	... ..	341	243	584
Re-examinations	... ..	984	707	1,691
		<hr/> 1,325	<hr/> 950	<hr/> 2,275

#### CHILD GUIDANCE.

The following report was supplied by Mr. J. Mackenzie, Depute Principal Educational Psychologist :—

“ The Child Guidance Service during the year dealt with a total of 6,014 pupils either in Child Guidance clinics or in schools. 44,562 attendances were made at clinic, 5,208 visits were paid to schools and 2,201 visits to the homes of children. As well as maladjusted children, there were 1,294 cases for ascertainment of mental handicap and examinations of High School entrants and 26 children examined or tested under research projects in co-operation with educational, medical and University organisations.



Of all children referred to clinics, 3,656 came directly from the schools and 1,371 from medical sources. The remainder were referred by other statutory or voluntary organisations or directly by the parents themselves.

Close co-operation with the Child Welfare and School Health Services has continued to a point of being an established vigorous and recognised feature of the Service. Work with pre-school children and their parents, therefore, has shown a steady upward trend over recent years. This underlines our direct alignment with the City policy of closer attention to the development of the pre-school child and his needs.

Mention must be made of the increasing value of part-time home visiting done by the health visitors of whom no less than 16 gave us service in 1963-64. In many cases where the goodwill of parents had to be enlisted or where useful information could be got only in the home, these ladies, time and time again, have done a most vital piece of work as partners in the therapeutic team.

We have now been without Nerston Residential Clinic for 3 years and the accepted plans remain tabled without early hope of realisation. Meanwhile, our resourceful staff continue to evolve means of giving to needy parents the kind of programmed instruction and support in day clinics that Nerston did so often and so successfully.

Among the maladjusted children, the symptoms of highest incidence were :—enuresis and encopresis, 837 ; psychosomatic illness, 389 ; temper tantrums and unruliness, 483 ; shyness inhibition and avoidance reactions, 453 ; sleeping and feeding difficulties, 388 ; aggression, violence and defiance of authority, 527 ; theft, 363 ; weepiness and dependence, 273.

Further information can be found in the Report on Child Guidance Service issued annually by the Education Department."

Dr. Stella M. B. Perry has contributed the following note on child guidance work from a School Medical Officer's point of view :—

" The School Medical Officer's aim is the prevention of ill-health, whether it be physical, mental or emotional, for we have to provide for emotional development as well as for physical and intellectual growth.

The work of the Child Guidance Service is with emotional development and its failure and so indirectly with problems in living and behaviour which result from emotional or specific difficulties.

There is close integration between the School Health Service and the Child Guidance Service; the school medical officer and the educational psychologist work as a team, a form of combined operations.

Child guidance is playing an increasing part in the school medical officer's work—his aim is the early diagnosis and correction of maladjustment of any type. The number of cases referred for child guidance is increasing and the school medical officer has the opportunity of detecting deviations and potential emotional risks when he sees the child on school entrance or earlier if the child attends a nursery school.

In cases at risk he advises the mother on handling and training the child and, if need be, notifies the teacher and so may prevent the development of maladjustment. If the emotional disturbance be already established, he will probably refer the child to the Child Guidance clinic for therapy.

Children are referred from different sources, such as school, general practitioner, parent, hospital or school medical officer. They may be referred for backwardness, nervousness, behaviour problems, speech defects or psychosomatic symptoms.

The child should be considered as a whole as failure in any sphere may affect all aspects of living and it is evident that not only the child, but sometimes the whole family requires adjustment. The child is viewed within the school environment and so enabled to adjust himself to his world.

At the child guidance clinic the case history is taken by the educational psychologist, and this is presented to the medical officer with a report from the child's teacher who may also have been able to indicate the family pattern from experience with siblings. The school medical officer interviews the parent, examines the child and then discusses with the educational psychologist the most suitable line of treatment and training.

It is assumed that the problem child is a normal child whose development has been disturbed by some accident or condition of his living. Since the normal conditions of living in childhood are centred in home and school, he is viewed and treated within this environment.



In his area, the school medical officer is familiar with the school and staff, the child guidance staff, and may through siblings know the parents; this knowledge is of great advantage to him in his work. He is also in the position of being able to follow up cases which have attended the child guidance clinic or have been noted ' Emotional-at Risk ' cases on his routine visits to school."

## RESIDENTIAL SCHOOLS.

The Centres outwith the City are listed below along with the accommodation available for pupils. Periods of residence varied according to the needs of the individual child and averaged four weeks for the normal child, four to eight weeks for convalescents and two weeks for nursery children.

### (i) NORMAL

Achnamara, Lochgilphead	...	48 Protestant boys and girls (Secondary, 1st year).
Dalguise, near Dunkeld	...	48 Roman Catholic boys and girls (Primary V, VI and VII).
Galloway, Wigtown	... ..	112 Protestant boys and girls (Primary V, VI and VII).

### (ii) CONVALESCENT

Agnes Patrick/Stevenson, Ascog		58 Roman Catholic boys and girls (8-15 years).
Caol Ruadh, Colintrave	...	36 Protestant boys (8-15 years).
Castle Toward, by Dunoon	...	100 Protestant boys and girls (8-15 years).
Craig, Kilmarnock	... ..	56 Roman Catholic boys (5-12 years).
Hillfoot, Bearsden	... ..	45 Protestant mentally handicapped children (8-14 years).
Lumsden, Maybole	... ..	29 Roman Catholic girls (5-12 years).
Seafield, Ardrossan	... ..	65 Protestant boys (5-12 years).
South Park, Ascog	... ..	28 Protestant girls (5-15 years).
Fornethy, near Alyth	... ..	74 Protestant girls (8-12 years).

### (iii) NURSERY

Southannan, Fairlie	... ..	36 Protestant and Roman Catholic boys and girls (2-5 years).
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### (iv) HOMECRAFT

Nerston, near East Kilbride	...	20 Protestant and Roman Catholic girls (14-15 years).
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## ARRANGEMENTS FOR FEEDING AND CLOTHING OF CHILDREN.

These arrangements are under the administration of the School Welfare Section of the Education Department.

### (a) ADMINISTRATION AND NATURE OF MEALS.

On 31st December, 1964, there were 109 kitchens preparing meals for school children. In addition, one kitchen supplied Kosher meals to Jewish children. On an average day in October, 1964 (Friday 30th, October), the total number of dinners served was 79,337 of which 23,547 were supplied free.

Dinners only were supplied to pupils of ordinary schools and schools for handicapped children. In nursery schools dinners and teas were served, while a Health and Welfare Day Nursery received breakfasts, dinners and teas.

Choice of menu has been introduced and is at present operating at 6 schools. The service is cafeteria type and the pupils have a choice of two or three main dishes, two vegetables and two or three sweets. This has proved successful both in primary and secondary schools and it is hoped to extend it to other schools very soon. The success of this service depends to a large extent on the co-operation of the Head Teacher and his staff as good discipline in the dining-room is essential.

The meals were served in 400 dining rooms, 366 of which were on school premises, the remainder being in church and other halls.

### (b) NUMBER AND COST OF MEALS

The number of dinners prepared in kitchens during the year ended 31st December, 1964, was 18,363,343.

Weekly tickets were purchased by pupils requiring dinners in schools at the following prices :—

For 5 meals per week—4s. 9d. for the first child of a family, 4s. 4d. for the second and 3s. 11d. for the third and subsequent children ; equivalent prices for 6 dinners were 5s. 7d., 5s. 2d. and 4s. 9d. Remission rates of 3s. 11d., 3s., 2s. or 1s. (based on family income) were charged for a ticket valid for 6 dinners per week, the price being the same for each member of the family.

In schools for handicapped children the prices were 1s. 10d. and 2s. 1d. for 5 and 6 dinners respectively, or at remission for 6 dinners of 2s. and 1s.

On Saturdays and holidays, meals were supplied to children entitled to free meals and to children who held tickets purchased at partial remission rates. In addition to this, during holidays only, meals were supplied to children holding purchased tickets at normal prices and whose parents were unable to make suitable arrangements to provide a midday meal, thereby avoiding hardship to the children.

(c) FOOTWEAR AND CLOTHING.

During the year 1st January to 31st December, 1964, 2,287 children were provided with footwear and clothing as compared with 2,338 during the previous twelve months. The undertaking given by the National Assistance Board to accept responsibility for the clothing needs of children of their dependants continued satisfactorily.

(d) MILK SUPPLIED TO SCHOOL CHILDREN.

All milk supplied to schools under the Milk in Schools Scheme was Tuberculin Tested (Pasteurised).

The total number of milk rations during the year ended 31st December, 1964, was 36,393,790. The most recent census figures showed that 96·19 per cent. of the children present in school on a particular day in May, 1964, were taking school milk compared with 96·53 per cent. in September, 1963, and 96·10 per cent. in September, 1962.

Food inspectors of the Department took 173 samples of milk for examination and of that number, 3 failed to pass the coliform test. The average composition of samples was satisfactory at 3·74 per cent. milk fat and 8·82 per cent. non-fatty solids. Of 51 samples supplied for biological examination as to the presence of tubercle, all were found to be negative.

## MEDICAL SUPERVISION OF SCHOOL MEALS STAFF.

This report was submitted by Dr. J. A. Lister, the examining Medical Officer of staff employed in School Meals Service :—

“The medical care is maintained by means of a systematic examination for entry, subsequently each year and on return to work after a prolonged period of incapacity. The medical officer may also suggest an interview at any other time if he thinks benefit will accrue either to the employee or to the service.

In addition to fitness for work the medical officer also considers the applicant's fitness to be admitted to the Sick Pay and Superannuation Schemes of the Corporation. The following examinations took place in 1964.

## NEW APPLICANTS—MEN AND WOMEN

				Kitchen Staff	Dining Hall Staff		
				Whole-time	Part-time	Total	
Number examined	...	...	...	754	579	1,333	
Found fit	...	...	...	570	464	1,034	
Found unfit	...	...	...	79	58	137	(10%)
Deferred : for review after a period	...	...	...	105	57	162	(12%)
Number of examination sessions	...	...	...	...	...	202	
Failed to attend, or did not complete examination	...	...	...	...	...	31	

The majority of the deferred cases were accepted for work but not for the Sick Pay or Superannuation Schemes, on account of potential handicap through the effects of past illness or hardship, e.g. malnutrition. They were thus able to test their capacity to adjust and sustain themselves in the new employment over a period, after which the state of health and sickness record were reviewed.

The defects causing rejection among new applicants are listed in order of frequency :—

Substandard physique, 28 ; obesity, 28 ; infective ear disease, 22 ; hypertension, 14 ; organic heart disease, 9 ; gross eye defects, 6 ; pulmonary tuberculosis, 5 ; ventral hernia, 3.

The following occurred in only one or two cases each :—

Albuminuria, diabetes, varicose veins, dermatitis, bronchitis, anaemia, hyperthyroidism, limb defects, epilepsy, oro-nasal defects, menorrhagia, osteo-arthritis.

## ANNUAL REVIEWS—MEN AND WOMEN, ALL GRADES.

Employees to the number of 1,024 were summoned and 826 attended, 790 of whom were found fit, 10 unfit and decision was deferred on the remaining 10. Examination sessions totalled 124.

It is noted that in the annual review nearly 20 per cent. of the employees did not attend when called. This is regarded as too high a figure, unless the centre from which the worker attends is understaffed by sickness or other reason.

The following causes were certified for the employees found unfit to continue in service. They were in the later decades of working life, but not at retiring age—

Constitutional defect and deterioration, hypertension and cardiac insufficiency, chronic bronchitis, hypertension and bronchitis.

Three others, not yet at retiring age, were deemed unfit to continue on School Meals work—

Hypertension and epilepsy, obesity and pregnancy, dermatitis.

The defects in all rejected cases rarely occurred singly, many had a complication or an unrelated defect in addition to the one listed. Where appropriate, the applicant's or employee's attention was drawn to the handicap caused, for example by obesity, excessive smoking (many women smoke up to 20 cigarettes daily), or the excessive use of tea or coffee.

If simple self-applied measures are taken up by the worker concerned, it can only result in an improvement in both short and long term work potential. In a few cases the patient was directed to own doctor with an informative letter, where it seemed that active treatment or hospital investigation was necessary."

#### ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.

Mr. W. Tinto, Superintendent of Physical Training, supplied the following note :—

"The staffing situation in physical education, as in other specialist subjects, continues to make difficult the implementation of a full programme. This is particularly unfortunate at a time when the scope of physical education particularly in the secondary school is becoming widened to include, on the theoretical side, the study of Health Education and on the practical side all the attraction of water, wood and hill. To some pupils Health Education is being offered as a certificate subject at "O" level, whilst in many schools pupils are taking part in hill-walking, ski-ing, dinghy sailing, canoeing and other kindred recreational activities during school hours or at week-ends. This healthy interest is encouraged and shared by enthusiastic teachers of all subjects including physical education, and augurs well for the healthy spirit of the nation if facilities are available for pupils to follow these interests after leaving school.

The scope of physical education in the primary school is also being extended to include some of those games and activities which hitherto have been the prerogative of the secondary department. Courses conducted by the supervisory staff have created a nucleus of primary class teachers who are taking their own classes for instruction in netball and hockey whilst in swimming fifty primary teachers have attended



a course which qualifies them to give swimming lessons to their own classes. There is no game or recreational activity followed in the secondary school which cannot be started in the primary department, and the elementary techniques of which cannot be thoroughly taught in that department.

*Pari passu* with this expansion of subject matter in both departments is the steady development of modern facilities for physical education and recreation throughout the City.

The Education Committee have now built four new games halls—the first of their type in Scotland—providing well-lit facilities in all weathers for a multiplicity of games and coaching activities."

### NURSERY SCHOOLS.

Dr. Menzies provided the following note :—

" The team of school medical officer and health visitor, based on the clinic of each district, visited the nursery schools in the district on a four-weekly time-table. Additional visits were provided by the health visitor at fortnightly intervals and again by a medical officer where any special need arose, such as examining children who were going to Southannan Residential School, Fairlie.

Routine medical inspection, as for the older school child, was carried out in the nursery schools, eyesight examined by " E " Test, complaints investigated on a non-routine basis, and, where indicated, treatment offered at the local clinic. In this way, a bond of friendship is set up so that the children look upon the visit as one of pleasure and not as an experience to be feared. To this end, staff are encouraged to look in on the activities in the school as a whole, perhaps to sit in on " the morning ring " and take an interest in the group. In doing this, one learns a great deal about the children themselves.

No major epidemics have been recorded during the year. The usual small outbreaks of infections have occurred but during last year an infection which we have not seen for many years in this group, Scarlet Fever, reappeared. Dysentery, the infection which causes so much distress, continues to recur throughout many areas. A regime of bacteriological testing is carried out for all children showing gastro-intestinal conditions in nursery schools, so revealing the infection. Unfortunately this care is not shown to children who become ill at home and it is usually found that a symptom free carrier has returned to school to form a source of infection.

The special nursery classes for deaf children, for spastic children, and for those deemed to be aphasic, have continued. With their attitude of willingness to help all children despite difficulties of space and teachers, the nursery schools have once more provided help in settling many children showing various patterns of maladjustment. In this last year nursery school therapy proved of great value to a little girl who was blind following Tubercular Meningitis.

As sight began very slowly to return, the problem of fitting her for a return to community life, after her long stay in hospital, arose. With great goodwill on all sides, this little girl, while continuing to live in hospital so that her medication should continue, was allowed to attend nursery school daily for half a day until she learned to mix with other children. This arrangement was for us unique. Transport and escorts had to be arranged and we are greatly indebted to the teacher who undertook the responsibility of looking after the training of this child."

During the year ended 31st December, 1964, children in the nursery schools to the number of 1,535 (769 boys and 766 girls) were subjected to "routine inspection." 2,367 were medically examined at the request of teachers and 240 were re-inspected. The results of these examinations are detailed below.

## ROUTINE INSPECTION.

NUMBERS AND PERCENTAGES OF CHILDREN SUFFERING FROM DEFECTS  
(SEE TABLE IA APPENDIX FOR FULL DETAILS OF HEADINGS).

Nature of defects found	Boys	Girls	Totals
Uncleanliness of head (nits) ... ..	4	11	15 (1.0%)
Skin conditions of head or body ... ..	37	33	70 (4.6%)
Defective nutrition ... ..	7	9	16 (1.0%)
Mouth and teeth unhealthy ... ..	1	4	5 (0.3%)
Naso-pharyngeal conditions ... ..	92	86	178 (11.6%)
Eye diseases (including strabismus) ... ..	32	29	61 (4.0%)
Defective vision (for refraction) ... ..	5	1	6 (0.4%)
Ear disease (including defective hearing) ... ..	6	3	9 (0.6%)
Defective speech ... ..	9	3	12 (0.8%)
Mental and nervous conditions ... ..	5	5	10 (0.7%)
Defects of circulatory system ... ..	27	13	40 (2.6%)
Pulmonary conditions ... ..	34	25	59 (3.9%)
Deformities ... ..	59	33	92 (6.0%)
Other diseases or defects ... ..	7	18	25 (1.6%)

CLASSIFICATION OF CHILDREN ACCORDING TO REMEDIABILITY OF MAJOR DEFECTS FOUND IN THE INDIVIDUAL CHILD (SEE TABLE II FOR FULL DETAILS OF HEADINGS).

Classification	Boys	Girls	Totals
Free from defects ... ..	505	540	1,045 (68·1%)
Defects of vision or oral sepsis ... ..	2	6	8 (0·5%)
Temporary ailments ... ..	133	127	260 (16·9%)
"Curable" defects ... ..	76	60	136 (8·9%)
"Improvable" defects ... ..	52	33	85 (5·5%)
Defects "not improvable" ... ..	1	—	1 (0·06%)
Totals ... ..	769	766	1,535 (100·0%)

#### ADDITIONAL INFORMATION.

Parents were notified of defects found in 262 instances, 72 (4·7 per cent.) of these being due to clothing, cleanliness, or minor dental defects, 190 (12·4 per cent.) being in respect of other defects. School Medical Officers also noted 66 cases (4·3 per cent.) for re-inspection as a result of defects observed in clothing or cleanliness, or for minor dental defects, and 357 children (23·3 per cent.) having other defects. "Sound teeth" was recorded in 1,172 cases (76·4 per cent.), 1,238 pupils (80·6 per cent.) were recorded as having had complete diphtheria immunisation and 974 (63·5 per cent.) as having been successfully vaccinated or re-vaccinated against smallpox.

#### INSPECTION OF NON-ROUTINE CASES.

Children to the number of 2,367 were presented for inspection on account of defects observed or suspected by teachers. The individual results were as follows :—

Head infestation, 2 ; skin conditions, 155 ; eye conditions, 592 ; ear, nose and throat defects, 206 ; "general" defects, 1,186 ; defective teeth, 42 ; no apparent disease, 78 ; and other causes, 106.

#### RE-INSPECTION OF "AT RISK" CASES.

240 pupils were re-inspected during the Session.

#### SPEECH THERAPY.

The following report was prepared by Miss D. M'Kirdy, Senior Speech Therapist :—

"Since the last speech report, recording machines have been installed in twelve child guidance clinics for the use of the visiting



speech therapist. These machines have proved invaluable in more ways than one. One of the greatest benefits has been the psychological effect on some older stutterers who, after years of frustration in trying to express themselves, are helped enormously when they hear themselves controlling their speech and speaking much more fluently on the tape recorder.

Where two or three stutterers attend in a group for treatment, an element of competition becomes evident, and more effort is put into controlling their speech, when they vie with each other to see who can have the longest period of fluency during a recording session.

After some considerable thought a speech audiometer was supplied for the speech therapist working with the group of aphasic children in Kelbourne School. In treating these children, lack of concentration is one of the therapist's main problems. Visual aids help considerably, but soon their attention wanders. With the speech audiometer, it has been found that the children concentrate and listen for a longer period of time. It has also been noticed that their efforts to imitate speech have improved since using the speech audiometer."

The work of the speech therapists during the year is summarised as follows :—

				Advice only	Cases treated	No. of treat- ments	Home visits	School visits
Children attending—								
Schools for Physically Handi- capped	...	...	...	19	71	1,000	28	All seen in school
Schools for Mentally Handi- capped	...	...	...	79	340	3,817	101	All seen in school
Spastic School	...	...		—	21	572	—	All seen in school
Ordinary School	...	...		507	2,347	17,594	182	816
Pre-School	...	...	...	136	271	2,577	—	41 (to Kelbourne Group)
Aphasic Unit	...	...		—	16	871	11	
(July to December, 1964)								

By August additional speech therapists were appointed, bringing the staff to 16 compared with the previously authorised establishment of 11.

## IMMUNISATION CAMPAIGNS IN SCHOOLS.

### (1) DIPHTHERIA AND TETANUS.

As part of the usual diphtheria immunisation campaign, protection against tetanus was included. Two injections of combined diphtheria

and tetanus toxoid were given primarily to children aged five and six, and two doses of tetanus toxoid alone to children from eight to ten years. Booster doses were also given where appropriate.

Injections given by school medical officers were :—

Diphtheria and Tetanus			Tetanus only			Total
First	Second	Re-inforcing	First	Second	Re-inforcing	Doses
11,939	10,862	1,241	29,021	27,754	4,807	85,624

In April, 1964, a Glasgow schoolboy aged 11 years died in hospital from tetanus following compound fracture of left radius and ulna sustained seven days previously when he fell on iron railings. There was no record of the boy having been immunised in school. The tetanus scheme commenced in 1963, but few were done that year. Greater numbers were immunised in 1964.

## (2) POLIOMYELITIS.

A “ drive ” to protect children of five and six years of age against poliomyelitis was conducted in schools from 29th September to 11th December. Three doses of oral vaccine were given with an interval of four weeks between each. A fourth dose was given to primary children who received three doses in the previous year's campaign.

Oral doses administered by school nurses were :—

First	Second	Third	Re-inforcing	Total Doses
3,033	2,323	1,971	14,689	22,016

## HEALTH VISITING AND SCHOOL NURSING.

Miss J. S. Ferguson, Superintendent Health Visitor for Schools, provides the following report :—

“At the end of 1964, the number of Health Visitors was fifty-one and the number of Nurses without Health Visitors' Certificate was thirty-one.

### VISITING.

During the year the health visitors paid 16,306 domiciliary visits. This includes assistance given by fourteen health visitors to child guidance clinics for home visitation and case work. It has been found that an increasing number of mothers are at work during the day so that a number of visits have to be made in the evening, when parents are at home, to ascertain conditions in the home as they affect the child.

661 visits to occupational centres and nursery schools were made in addition to regular visit with the school medical officer. 223 visits were made to child guidance clinics for conferences on cases being visited. All burns and scalds accidents to school children were visited (analyses of these are on following pages), and advice given on rendering home safe. Home tuition cases, i.e. children absent from school for some time because of incapacity, were visited at regular intervals and supportive help given.

#### FOLLOW-UP VISITS.

Follow-up visits are paid: to audiometric survey cases, to refraction cases where spectacles have been prescribed but not obtained by parents, and from routine medical inspections where parent is in need of guidance and advice.

#### MENTAL HANDICAP SURVEY VISITS.

In visiting to obtain information for this survey, the health visitors find a number of the parents need regular visitation and surveillance.

All schools for the handicapped which do not have a full-time nurse are visited weekly by a health visitor and, in consultation with the head teacher, names of any children needing care and attention are taken by the health visitor.

#### HEALTH EDUCATION.

Twenty health visitors take part in the programme for health talks within the school curriculum.

#### NURSES WITHOUT THE HEALTH VISITORS' CERTIFICATE.

Seven are employed full-time in cleanliness inspection in schools, eight are employed full-time in handicapped schools and the others are employed in treatment clinics. Poliomyelitis immunisation in schools from September to December was carried out by these nurses.

Extra-mural activities of health visitors include taking classes in child care, home nursing and home safety for girls taking part in the Duke of Edinburgh Award Scheme, talks to parent/teacher groups in schools on request and talks to Women's Guilds and Girls' Guildry."

Summary of the work by health visitors and school nurses during the year is as follows :—

Home visits—16,306 (15,468 cases seen). Periods (half-days) at clinics and schools—clinics, 17,979 ; medical inspection, 6,021 ; cleanliness inspection 1,691 ; schools for the handicapped, 3,843 ; health

education, 636 ; nursery schools and occupational centres, 661 ; child guidance clinics, 223.

A special investigation into Burning and Scalding Accidents among children aged 5 to 15 years was undertaken by the school health visitors with the following results :—

SURVEY OF BURNS AND SCALDING ACCIDENTS, 1ST JANUARY—31ST DECEMBER, 1964, AS CONDUCTED BY HEALTH VISITORS OF THE SCHOOL HEALTH SERVICE.

TABLE 1.  
NUMBER OF ACCIDENTS.

					5-10 years		10-15 years	
					Boys	Girls	Boys	Girls
<i>Burns—</i>								
Outdoor	...	...	...	...	38	6	33	10
Indoor	...	...	...	...	24	20	16	16
<i>Scalds—</i>								
Outdoor	...	...	...	...	—	2	—	1
Indoor	...	...	...	...	47	54	28	40

TABLE 2.  
COMMON TYPE OF BURNING ACCIDENTS.

					5-10 years		10-15 years	
					Boys	Girls	Boys	Girls
Fireworks and bonfires	...	...	...	...	23	4	25	6
Fires (open or electric)	...	...	...	...	20	14	4	3
Laboratory accident at school	...	...	...	...	—	—	2	3
Clothing catching fire	...	...	...	...	1	—	1	1
Faulty plugs or appliances	...	...	...	...	1	3	5	6
Sunburn and sun-ray lamp	...	...	...	...	—	—	1	3
Cookers	...	...	...	...	2	2	3	—
Electric iron	...	...	...	...	1	—	—	—
Matches or paper	...	...	...	...	5	—	1	—
Cigarette burn	...	...	...	...	2	—	—	—
Friction burn	...	...	...	...	—	—	2	—
Others (e.g., boiling tar, hot ashes, rubber, hair lacquer, petrol)	...	...	...	...	7	3	5	4

TABLE 3.  
RESIDUAL DISABILITIES.

					5-10 years		10-15 years	
					Boys	Girls	Boys	Girls
<i>Burns—</i>								
Clothing catching fire	...	...	...	...	—	1	—	2
Fireworks	...	...	...	...	—	—	1	—

TABLE 4.

					5-10 years		10-15 years	
					Boys	Girls	Boys	Girls
<i>Deaths—</i>								
Nil	...	...	...	...	—	—	—	—

TABLE 5.  
BY SOCIAL CLASS.

					5-10 years		10-15 years	
					Boys	Girls	Boys	Girls
<i>Burns—</i>								
No father	...	...	...	...	8	2	6	3
Professional	...	...	...	...	—	—	—	—
Clerical	...	...	...	...	4	2	2	—
Skilled	...	...	...	...	27	8	13	7
Semi-skilled	...	...	...	...	16	10	16	6
Labourer	...	...	...	...	7	4	12	10
<i>Scalds—</i>								
No father	...	...	...	...	1	5	2	4
Professional	...	...	...	...	—	1	—	1
Clerical	...	...	...	...	3	4	2	—
Skilled	...	...	...	...	15	22	10	16
Semi-skilled	...	...	...	...	9	14	3	10
Labourer	...	...	...	...	19	10	11	10

TABLE 6.  
ACCIDENT PRONENESS.

Children who have had previous accidents within last 2 years.

5-10 years		10-15 years	
Boys	Girls	Boys	Girls
15	6	7	4

TABLE 7.  
PERIOD OF YEAR ACCIDENT OCCURRED.

					5-10 years		10-15 years	
					Boys	Girls	Boys	Girls
January	...	...	...	...	4	10	4	6
February	...	...	...	...	6	4	4	9
March	...	...	...	...	10	9	3	5
April	...	...	...	...	7	6	4	4
May	...	...	...	...	13	7	7	7
June	...	...	...	...	9	9	5	4
July	...	...	...	...	6	6	8	6
August	...	...	...	...	7	4	3	4
September	...	...	...	...	7	5	8	4
October	...	...	...	...	9	8	4	7
November	...	...	...	...	27	10	23	8
December	...	...	...	...	4	4	4	3

TABLE 8.  
HOUSING OF PARENT OR GUARDIAN.  
(HOME ACCIDENTS ONLY).

					5-10 years		10-15 years	
Rooms					Boys	Girls	Boys	Girls
1	...	...	...	...	4	6	1	3
2	...	...	...	...	22	18	12	8
3	...	...	...	...	23	23	13	22
4	...	...	...	...	16	20	14	19
5+	...	...	...	...	6	7	4	4
Unable to locate	...	...	...	...	12	7	7	5
No information available	...	...	...	...	1	—	—	1

## DENTAL INSPECTION AND TREATMENT.

### DECREASE IN ROUTINE DENTAL INSPECTIONS.

This was due to the absorption of a long time lag, which had developed in previous years, between the actual inspection and calling the children in for treatment. In one clinic this was eighteen months, and in many others the period was six months to a year. Inspections at the schools were previously arranged by the Office staff, who asked for three months' notice, prior to the date of the inspection. Routine



dental inspections are now arranged by individual dental officers and the headmasters concerned. It has been found that, by personal contact, only two – three weeks' notice to the school is required.

"With dental defects," "offered treatment," and "accepting treatment" are also affected by the above.

#### "ROUTINE" AND "SPECIAL" CASES TREATED.

As the categories of "routine" and "special" have been brought into line with the Scottish Home and Health Department's definitions, a number of patients who were previously classified as "routine," now come under the heading of "special." This will cause variations in the proportion of work done for each group, compared with last year.

#### DENTURES.

School Children. A new system for denture work has been put into practice this year. Previously all patients for dentures—apart from those attending Stuart Laidlaw Clinic—had to travel to either Glenbarr Street or Florence Street Clinic. Now all dental officers are responsible for their own cases, the work being carried out by using the postal service to Florence Street Workshop.

#### GENERAL ANAESTHETICS.

During the year a second weekly general anaesthetic session was started and, in addition, Committee permission was given for further sessions if required. This should prove to be a great help in dealing with the pre-school children, children with multiple extractions, unusually nervous children, and the very many who just prefer "gas."

#### DENTAL AUXILIARIES.

Our four dental auxiliaries have done their utmost to make the nation-wide experimental scheme a success. During the year they eagerly carried out all the treatment passed to them and avidly waited for more. Our Dental Health Campaign would have been very difficult to run without them. They worked extremely hard in preparation for, and during, the Campaign when they covered over 120,000 primary children by talks and films. They also staffed our exhibit at the Boys' and Girls' Exhibition and were a great help in doing the Survey. Prior to the Campaign they carried out systematic dental health talks in schools which had requested them. Further talks were not attempted in April, May or June, but since the holidays, forty primary and

secondary schools have responded to a circular inviting requests for talks to the following age groups—5, 6, 7, 12, 13 and 14 year-olds.

### DENTAL HEALTH CAMPAIGN.

In an effort to improve our children's deplorable standard of oral hygiene and to educate them to a less harmful dietetic pattern, a West of Scotland Dental Health Campaign was held in conjunction with Dunbartonshire, Lanarkshire and Renfrewshire.

Our own campaign was directed particularly at Glasgow's 132,000 primary school children and was run on the following lines :—

- (1) Talks were given to all primary children and many also had special film shows.
- (2) Happy Smile Club—a badge was awarded, signifying membership of the Happy Smile Club, to all children whose record card proved satisfactory teeth cleaning activities over a minimum period of two weeks.
- (3) Literature for each child and posters for each classroom were supplied.
- (4) A Dental Health Exhibition was held in George Square for the five-week period of the campaign. It was visited by 32,000 people.
- (5) A section of the Exhibition was removed to the Boys' and Girls' Exhibition in the Kelvin Hall and while there, it had a further 26,000 visitors.
- (6) Great efforts were made to secure the maximum amount of publicity at all levels in order to make the public at large more "tooth" conscious. Our most successful promotion in this respect was a Senior Smile Competition in which cash prizes were awarded to the three old-age pensioners with the best teeth. This was reported with photographs in all newspapers and the winner, when interviewed on B.B.C. television, proved to be an ideal propagandist for dental health.

(7) A further competition was held, this time to put the rules of dental health in order of merit. The prize for this competition was a trip to California for the family of the winning competitor who resided in the area covered by the whole campaign.

(8) 560 Glasgow children entered a competition for dental health posters.

#### RESULTS OF CAMPAIGN.

A survey of playtime eating habits, completed by Head Teachers near the end of the campaign, showed a definite swing away from the usual biscuits and sweets to non-harmful apples and crisps. This improvement proved, unfortunately, to be only of a temporary nature and the end product of our campaign was a child who knew the rules of dental health, but did not practise them.

The following is a statistical evaluation of the campaign. It does not, however, give a complete picture of the results, as a detailed analysis of all individual children shows a marked flow from one category to another in both directions, e.g. six months after the campaign, 27 per cent. of the children showed an improvement in oral hygiene, but because of the deterioration of others this is not evident from the figures quoted in the following table.

AGE	GOOD			FAIR			BAD		
	Pre Campaign	Post Campaign	6 mths. later	Pre Campaign	Post Campaign	6 mths. later	Pre Campaign	Post Campaign	6 mths. later
	%	%	%	%	%	%	%	%	%
5	33.4	47.9	35.6	45.7	42.9	42.3	20.9	9.2	22.1
8	20.5	29.5	22.6	34.3	41.4	37.8	45.2	29.1	39.6
14	44.4	56.3	left school	34.3	33.1	left school	21.3	10.6	left school

#### PRESENT POSITION IN GLASGOW.

We still remain unable to offer Glasgow school children a satisfactory dental service. Our average number of children per school dental officer is 9,600, compared with the Scottish average of 4,300. Children from some of the housing schemes are particularly poorly served due to lack of clinic facilities, those from Easterhouse have to travel to Crail Street in Parkhead for treatment, and those from Castlemilk to Calder Street in Govanhill. Even if the clinics were available there is some doubt if we could attract sufficient dentists to staff them. Our solution to this problem is to use to the full, dental health education and all other preventative measures at our disposal.

## SANITARY CONDITION OF SCHOOLS.

Section 19 (5) of the Education (Scotland) Act, 1962, states :—

*“ With a view to securing that the premises, furnishing and equipment of schools . . . under the management of an education authority are maintained in such condition as to contribute to the good health of the pupils, it shall be the duty of an education authority to cause their medical officers as part of their ordinary work from time to time to inspect and to report to them upon the said premises and equipment, and in making the said inspections, the medical officers shall have special regard to the lighting, heating and ventilation, and to the sanitary arrangements.”*

In accordance with the above instruction, School Medical Officers visit the various schools (including residential and nursery schools) in the course of the year and any defects found are reported to the appropriate Department for the necessary action to be taken. On the occasion of each visit to a school the Officer also takes the opportunity of interviewing the Head Teacher and class teachers for the purpose of discussing with them the health and well-being of their pupils and giving advice in particular cases.

During the year 143 visits were paid to 139 schools for the purpose of general inspection. In the same period 34 visits were made to 32 kitchens and dining halls where meals for school children were prepared and served.

## STATISTICAL APPENDIX.

TABLE I—TOTAL NUMBER OF CHILDREN EXAMINED.

## (a) SYSTEMATIC EXAMINATIONS.

Nursery	...	...	...	...	...	...	1,535
Entrants	...	...	...	...	...	...	18,371
13-year-olds	...	...	...	...	...	...	15,628
16-year-olds	...	...	...	...	...	...	2,948
Others	...	...	...	...	...	...	1,099

## Special Schools and Classes—

physically handicapped	...	...	...	...	127
mentally handicapped	...	...	...	...	517

## (b) OTHER EXAMINATIONS.

Nursery (special and re-inspection cases) ... ..	2,607
Vision testing (7 year-olds) ... ..	13,021
Vision testing (9-year-olds) ... ..	1,809
Special Cases (non-routines) ... ..	27,322
Re-inspections (cases " at risk ") ... ..	19,749
Leaving Interviews ... ..	7,782
Examinations regarding mental defect ... ..	2,275
Discharges in Special Schools and Classes ... ..	62
Audiometric Survey (by audiometricians) ... ..	16,699
Applicants for Licences under Byelaws ... ..	556
Adult Employees of Corporation ... ..	2,222
Holidays Abroad, Educational Excursions, Camps	18,759
Residential School Examinations ... ..	6,623
Pre-Vocational Students ... ..	671
Remand Home Examinations ... ..	5,611
Cleanliness Inspections (by nurses) ... ..	153,793

TABLE II—AVERAGE MEASUREMENTS OF SCHOOL CHILDREN DURING YEAR ENDED 31ST DECEMBER, 1964.

			Boys		Girls	
			Height	Weight	Height	Weight
5 years 4 months	...	...	(ins.)	(lbs.)	(ins.)	(lbs.)
Number examined	...	...	8,892		8,677	
Average measurements	...	...	42.57	42.33	42.32	41.16
13 years 5 months						
Number examined	...	...	6,517		6,451	
Average measurements	...	...	60.06	96.63	60.34	101.80
16 years						
Average age (in months beyond year of age)	...	...	5.86		6.18	
Number examined	...	...	1,263		906	
Average measurements	...	...	67.67	135.77	63.68	123.76



TABLE IIa—SYSTEMATIC EXAMINATION OF CHILDREN IN ORDINARY SCHOOLS.

## NUMBERS AND PERCENTAGES OF CHILDREN SUFFERING FROM DEFECTS.

An individual child may appear in several sections but only once in any section, i.e., only the child's major defect in any section is recorded—any minor defects in the same section are ignored in this table. "Sections" are indicated by the horizontal lines across the columns, and the section totals give the numbers of individual children having at least one defect in that section.

Age Groups	...	...	...	Entrants		13-year-olds		16-year-olds		All ages			
				Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals	
Number examined	...	...	...	9,308	9,063	8,025	7,603	1,727	1,221	19,608	18,438	38,046	
Nature of defects found													
1. CLOTHING	UNSATISFACTORY	{	Insufficient	5	3	4	4	1	—	20	7	27	
				(0.1)	(0.03)	(0.1)	(0.1)	(0.1)	(0.04)	(0.1)	(0.1)	(0.1)	
				2	1	—	—	—	—	3	1	4	
				(0.02)	(0.01)	(0.1)	(0.1)	(0.02)	(0.01)	(0.02)	(0.01)	(0.01)	
Totals	...	...	Dirty	8	10	9	8	—	—	17	19	36	
				(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	
				15	14	13	12	1	—	40	27	67	
				(0.2)	(0.2)	(0.2)	(0.2)	(0.1)	(0.1)	(0.2)	(0.1)	(0.2)	
2. FOOTGEAR	UNSATISFACTORY	{	Unsatisfactory	11	12	30	29	7	3	52	45	97	
				(0.1)	(0.1)	(0.4)	(0.4)	(0.4)	(0.2)	(0.3)	(0.2)	(0.3)	(0.3)
				—	—	—	3	—	—	—	3	3	(0.01)
				(0.1)	(0.1)	(0.4)	(0.4)	(0.4)	(0.2)	(0.3)	(0.02)	(0.01)	(0.01)
Totals	...	...	None	11	12	30	32	7	3	52	48	100	
				(0.1)	(0.1)	(0.4)	(0.4)	(0.4)	(0.2)	(0.3)	(0.3)	(0.3)	(0.3)
				—	—	1	1	—	—	1	1	2	
				(0.1)	(0.1)	(0.4)	(0.4)	(0.4)	(0.2)	(0.3)	(0.01)	(0.01)	(0.01)
3. UNCLEANLINESS	{	{	Dirty	—	—	1	1	—	—	1	1	2	
				(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)
				278	789	259	850	—	—	551	1,695	2,246	
				(3.0)	(8.7)	(3.2)	(11.2)	(0.1)	(0.1)	(2.8)	(9.2)	(5.0)	
(a) Head	{	{	Nits	10	16	8	5	—	—	19	22	41	
				(0.1)	(0.2)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)
				3	5	29	4	2	34	12	46		
				(0.03)	(0.1)	(0.4)	(0.1)	(0.2)	(0.2)	(0.1)	(0.1)	(0.1)	(0.1)
(b) Body	{	{	Dirty	—	—	3	2	—	—	3	3	6	
				(0.03)	(0.01)	(0.4)	(0.1)	(0.1)	(0.2)	(0.2)	(0.1)	(0.1)	(0.1)
				—	—	—	—	—	—	—	—	—	—
				(0.03)	(0.01)	(0.4)	(0.1)	(0.1)	(0.2)	(0.2)	(0.1)	(0.1)	(0.1)
Totals	...	...	Vermineous	291	811	300	862	2	3	608	1,733	2,341	
				(3.1)	(8.9)	(3.7)	(11.3)	(0.1)	(0.2)	(3.1)	(9.4)	(6.2)	
				—	—	—	—	—	—	—	—	—	—
				(0.03)	(0.01)	(0.4)	(0.1)	(0.1)	(0.2)	(0.2)	(0.1)	(0.1)	(0.1)

4. SKIN	Ringworm	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...</
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TABLE IIa--Continued

Age Groups	Entrants		13-year-olds		16-year-olds		All ages	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
7. NASO PHARYNX								
(a) Nose								
Obstruction---for observation	116 (1.2)	99 (1.1)	30 (0.4)	9 (0.1)	3 (0.2)	1 (0.1)	149 (0.8)	113 (0.6)
Obstruction for operation	58 (0.6)	51 (0.6)	3 (0.04)	7 (0.1)	—	—	61 (0.3)	58 (0.3)
Catarrh	142 (1.5)	108 (1.2)	42 (0.5)	34 (0.4)	3 (0.2)	5 (0.4)	187 (1.0)	148 (0.8)
Other conditions	20 (0.2)	15 (0.2)	10 (0.1)	16 (0.2)	4 (0.2)	3 (0.2)	34 (0.2)	35 (0.2)
69 (0.2)								
(b) Throat								
Tonsils---for observation	648 (7.0)	655 (7.2)	96 (1.2)	137 (1.8)	5 (0.3)	8 (0.7)	769 (3.9)	829 (4.5)
Tonsils---for operation	214 (2.3)	189 (2.1)	15 (0.2)	23 (0.3)	—	1 (0.1)	231 (1.2)	218 (1.2)
Other conditions	14 (0.2)	11 (0.1)	7 (0.1)	8 (0.1)	1 (0.1)	2 (0.2)	24 (0.1)	21 (0.1)
45 (0.1)								
(c) Glands								
For observation	59 (0.6)	52 (0.6)	11 (0.1)	18 (0.2)	1 (0.1)	—	73 (0.4)	73 (0.4)
For operation	2 (0.02)	2 (0.02)	—	1 (0.01)	—	—	2 (0.01)	3 (0.02)
5 (0.01)								
Totals	1,273 (13.7)	1,182 (13.0)	214 (2.7)	253 (3.3)	17 (1.0)	20 (1.6)	1,530 (7.8)	1,498 (8.1)
3,028 (8.0)								
8. EYES								
(a) External Diseases								
Blepharitis	58 (0.6)	94 (1.0)	124 (1.5)	90 (1.2)	15 (0.9)	3 (0.2)	201 (1.0)	191 (1.0)
Conjunctivitis	3 (0.03)	1 (0.01)	4 (0.1)	5 (0.1)	—	—	7 (0.04)	6 (0.03)
Corneal opacities	3 (0.03)	2 (0.02)	1 (0.01)	1 (0.01)	1 (0.1)	1 (0.1)	5 (0.03)	4 (0.02)
Strabismus	355 (3.8)	325 (3.6)	89 (1.1)	73 (1.0)	6 (0.3)	—	463 (2.4)	414 (2.3)
Other diseases	32 (0.3)	28 (0.3)	18 (0.2)	11 (0.1)	2 (0.1)	—	55 (0.3)	42 (0.2)
97 (0.3)								
Totals	451 (4.8)	450 (5.0)	236 (2.9)	180 (2.4)	24 (1.4)	4 (0.3)	731 (3.7)	657 (3.6)
1,388 (3.6)								

8. EYES										
(b) Visual acuity (Snellen)*										
Fair, 6/9 or 6/12	...	...	...	...	...	...	...	...	...	...
Bad, 6/18 or worse	...	...	...	...	...	...	...	...	...	...
Totals	...	...	...	...	...	...	...	...	...	...
Recommended for Refraction	342 (3.7)	408 (4.5)	707 (8.8)	721 (9.5)	134 (7.8)	86 (7.0)	1,229 (6.3)	1,255 (6.8)	2,484 (6.6)	
Recommended for Rê-test	20 (0.2)	13 (0.1)	243 (3.0)	269 (3.5)	45 (2.6)	26 (2.1)	320 (1.6)	321 (1.8)	641 (1.7)	
Totals	362 (3.0)	421 (4.6)	950 (11.8)	990 (13.0)	179 (11.4)	112 (9.1)	1,549 (7.9)	1,576 (8.6)	3,125 (8.3)	
Recommended for Refraction	194 (2.1)	195 (2.2)	374 (4.7)	319 (4.2)	43 (2.5)	121 (9.9)	637 (3.2)	660 (3.6)	1,297 (3.4)	
Recommended for Rê-test	20 (0.2)	23 (0.3)	190 (2.4)	130 (1.7)	26 (1.4)	11 (0.9)	241 (1.2)	168 (0.9)	409 (1.1)	
Totals	214 (2.3)	218 (2.4)	564 (7.0)	449 (5.9)	67 (3.9)	132 (10.8)	878 (4.5)	828 (4.5)	1,706 (4.5)	
(c) Colour vision abnormality										
49 (0.5)	—	—	257 (3.2)	8 (0.1)	43 (2.5)	2 (0.2)	363 (1.8)	10 (0.5)	373 (1.0)	
46 (0.5)	32 (0.4)	28 (0.3)	28 (0.4)	28 (0.4)	3 (0.2)	1 (0.1)	78 (0.4)	62 (0.3)	140 (0.4)	
36 (0.4)	31 (0.3)	15 (0.2)	17 (0.2)	17 (0.2)	2 (0.1)	2 (0.2)	54 (0.3)	53 (0.3)	107 (0.3)	
72 (0.8)	58 (0.6)	37 (0.5)	24 (0.3)	24 (0.3)	5 (0.3)	4 (0.3)	116 (0.6)	89 (0.5)	205 (0.5)	
22 (0.2)	17 (0.2)	8 (0.1)	8 (0.1)	8 (0.1)	1 (0.1)	2 (0.2)	32 (0.2)	27 (0.1)	59 (0.2)	
4 (0.04)	1 (0.01)	2 (0.02)	4 (0.1)	4 (0.1)	—	—	6 (0.03)	5 (0.03)	11 (0.03)	
2 (0.02)	—	1 (0.01)	—	—	—	—	5 (0.03)	—	5 (0.01)	
182 (2.0)	139 (1.5)	91 (1.1)	81 (1.1)	81 (1.1)	11 (0.6)	9 (0.7)	291 (1.5)	236 (1.3)	527 (1.4)	

\* The record of defective vision applies to the better eye and is with spectacles if worn at examination. Entrants were examined by the "E" test and other age-groups by the Snellen test. The percentages relate to 37,837 children—209 cases fewer than the total number seen at routine medical inspection.

TABLE IIa—Continued

Age Groups	Entrants		13-year-olds		16-year-olds		All ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
10. SPEECH									
Defective articulation ...	230 (2.5) 21 (0.2)	137 (1.5) 5 (0.1)	15 (0.2) 13 (0.2)	7 (0.1) 3 (0.04)	—	—	246 (1.3) 38 (0.2)	146 (0.8) 8 (0.04)	392 (1.0) 46 (0.1)
Stammering ...									
Totals ...	251 (2.7)	142 (1.6)	28 (0.3)	10 (0.1)	4 (0.2)	—	284 (1.4)	154 (0.8)	438 (1.2)
11. MENTAL AND NERVOUS CONDITION									
Backward ...	26 (0.3)	9 (0.1)	1 (0.01)	—	—	—	28 (0.1)	10 (0.1)	38 (0.1)
Dull ...	7 (0.1)	6 (0.1)	—	2 (0.03)	—	—	8 (0.04)	8 (0.04)	16 (0.04)
Mentally handicapped (educable) ...	—	2 (0.02)	—	—	—	—	—	2 (0.01)	2 (0.01)
“ “ (ineducable)									
Highly nervous ...	50 (0.5)	35 (0.4)	8 (0.1)	11 (0.1)	1 (0.1)	1 (0.1)	62 (0.3)	48 (0.3)	110 (0.3)
Difficult in behaviour ...	39 (0.4)	21 (0.2)	5 (0.1)	1 (0.01)	—	—	45 (0.2)	23 (0.1)	68 (0.2)
Epilepsy (Mild) ...	21 (0.2)	24 (0.3)	11 (0.1)	9 (0.1)	1 (0.1)	1 (0.1)	34 (0.2)	34 (0.2)	68 (0.2)
“ “ (Severe) ...	—	—	—	2 (0.03)	—	—	—	2 (0.01)	2 (0.01)
Totals ...	143 (1.5)	97 (1.1)	25 (0.3)	25 (0.3)	2 (0.1)	1 (0.1)	177 (0.9)	127 (0.7)	304 (0.8)
12. CIRCULATORY SYSTEM									
(a) Organic Heart Disease									
Congenital ...	46 (0.5)	44 (0.5)	19 (0.2)	17 (0.2)	1 (0.1)	2 (0.2)	69 (0.4)	64 (0.3)	133 (0.3)
Acquired ...	3 (0.03)	4 (0.04)	12 (0.1)	8 (0.1)	2 (0.1)	3 (0.2)	18 (0.1)	16 (0.1)	34 (0.1)
(b) Functional Conditions	237 (2.5)	195 (2.2)	71 (0.9)	76 (1.0)	11 (0.6)	4 (0.3)	323 (1.6)	282 (1.5)	605 (1.6)
Totals ...	286 (3.1)	243 (2.7)	102 (1.3)	101 (1.3)	14 (0.8)	9 (0.7)	410 (2.1)	362 (2.0)	772 (2.0)



<b>13. LUNGS</b>									
Chronic Bronchitis	...	...	17 (0.2)	12 (0.1)	3 (0.04)	—	1 (0.1)	34 (0.2)	21 (0.2)
Suspected Tuberculosis	...	...	9 (0.1)	8 (0.1)	1 (0.01)	—	—	15 (0.1)	10 (0.1)
Catarrh	...	...	323 (3.6)	73 (0.9)	42 (0.6)	4 (0.2)	—	464 (2.4)	371 (2.2)
Other diseases	...	...	38 (0.4)	35 (0.4)	17 (0.2)	6 (0.3)	—	84 (0.4)	56 (0.3)
Totals	...	...	387 (4.3)	128 (1.6)	63 (0.8)	10 (0.6)	1 (0.1)	597 (3.0)	458 (2.5)
<b>14. DEFORMITIES</b>									
(a) Congenital	...	...	118 (1.3)	61 (0.8)	37 (0.5)	12 (0.7)	8 (0.7)	195 (1.0)	132 (0.7)
(b) Acquired	...	...	2 (0.02)	12 (0.1)	11 (0.1)	6 (0.3)	1 (0.1)	23 (0.1)	15 (0.1)
Infantile Paralysis	...	...	10 (0.1)	14 (0.2)	2 (0.03)	1 (0.1)	—	26 (0.1)	11 (0.1)
Probable Rickets	...	...	9 (0.1)	4 (0.1)	2 (0.03)	—	—	10 (0.1)	5 (0.03)
Cerebral Palsy	...	...	5 (0.1)	4 (0.1)	2 (0.03)	41 (2.4)	22 (1.8)	402 (2.1)	351 (1.9)
Other causes	...	...	138 (1.5)	162 (2.0)	175 (2.3)	—	—	—	—
Totals	...	...	236 (2.6)	253 (3.2)	227 (3.0)	60 (3.5)	31 (2.5)	656 (3.3)	514 (2.8)
<b>15. INFECTIOUS DISEASES</b>									
...	...	...	4 (0.04)	—	1 (0.01)	1 (0.1)	—	5 (0.03)	10 (0.03)
<b>16. ASTHMA</b>									
...	...	...	25 (0.3)	43 (0.5)	17 (0.2)	8 (0.5)	3 (0.2)	123 (0.6)	47 (0.3)
<b>17. DIABETES</b>									
...	...	...	2 (0.02)	4 (0.1)	2 (0.03)	1 (0.1)	3 (0.2)	6 (0.03)	7 (0.04)
<b>18. OTHER DISEASES OR DEFECTS</b>									
...	...	...	463 (5.0)	301 (3.8)	290 (3.8)	43 (2.5)	34 (2.8)	827 (4.2)	817 (4.4)
<b>Totals</b>									
...	...	...	448 (4.8)	128 (1.6)	63 (0.8)	10 (0.6)	1 (0.1)	597 (3.0)	458 (2.5)
...	...	...	118 (1.3)	61 (0.8)	37 (0.5)	12 (0.7)	8 (0.7)	195 (1.0)	132 (0.7)
...	...	...	2 (0.02)	12 (0.1)	11 (0.1)	6 (0.3)	1 (0.1)	23 (0.1)	15 (0.1)
...	...	...	10 (0.1)	14 (0.2)	2 (0.03)	1 (0.1)	—	26 (0.1)	11 (0.1)
...	...	...	9 (0.1)	4 (0.1)	2 (0.03)	—	—	10 (0.1)	5 (0.03)
...	...	...	5 (0.1)	4 (0.1)	2 (0.03)	41 (2.4)	22 (1.8)	402 (2.1)	351 (1.9)
...	...	...	138 (1.5)	162 (2.0)	175 (2.3)	—	—	—	—
...	...	...	236 (2.6)	253 (3.2)	227 (3.0)	60 (3.5)	31 (2.5)	656 (3.3)	514 (2.8)
...	...	...	4 (0.04)	—	1 (0.01)	1 (0.1)	—	5 (0.03)	10 (0.03)
...	...	...	25 (0.3)	43 (0.5)	17 (0.2)	8 (0.5)	3 (0.2)	123 (0.6)	47 (0.3)
...	...	...	2 (0.02)	4 (0.1)	2 (0.03)	1 (0.1)	3 (0.2)	6 (0.03)	7 (0.04)
...	...	...	463 (5.0)	301 (3.8)	290 (3.8)	43 (2.5)	34 (2.8)	827 (4.2)	817 (4.4)

TABLE IIb—ADDITIONAL INFORMATION REGARDING RESULTS OF SYSTEMATIC EXAMINATIONS.

Except in respect of the dual information regarding children who wore glasses, no child appears more than once in each section.

"Sections " are indicated by horizontal lines across the columns.

Age Groups	Entrants		13-year-olds		16-year-olds		All ages	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Parents present at examination ...	8,637 (92.8)	8,352 (92.2)	823 (10.3)	1,009 (13.3)	20 (1.2)	20 (1.6)	9,669 (49.3)	9,618 (52.2)
Children notified to parent as requiring treatment :—								
(a) Defects of clothing and/or cleanliness	954 (10.2)	1,059 (11.7)	220 (2.7)	212 (2.8)	17 (1.0)	11 (0.9)	1,211 (6.2)	1,317 (7.1)
By printed notice.	85 (0.9)	183 (2.0)	148 (1.8)	288 (3.8)	3 (0.2)	2 (0.2)	244 (1.2)	493 (2.7)
(b) Other defects	1,838 (19.7)	1,629 (18.0)	681 (8.5)	702 (9.2)	99 (5.7)	71 (5.8)	2,679 (13.7)	2,468 (13.4)
By printed notice.	772 (8.3)	760 (8.4)	614 (7.7)	569 (7.5)	47 (2.7)	18 (1.5)	1,475 (7.5)	1,402 (7.6)
Children noted for re-inspection :—								
(a) Defects of clothing, etc. (as above) ...	809 (8.7)	997 (11.0)	431 (5.4)	565 (7.4)	38 (2.2)	18 (1.5)	1,310 (6.7)	1,628 (8.8)
(b) Other defects ...	2,745 (29.5)	2,547 (28.1)	1,618 (20.2)	1,582 (20.8)	262 (15.2)	173 (14.2)	4,748 (24.2)	4,436 (24.1)
Children excluded from attendance at school ...	22 (0.2)	22 (0.2)	7 (0.1)	7 (0.1)	1 (0.1)	—	30 (0.2)	36 (0.2)
Children " free from defects " in terms of Table III :—								
(a) No recorded defect ...	3,470 (37.3)	3,396 (37.5)	5,252 (65.4)	4,572 (60.1)	1,280 (74.1)	947 (77.6)	10,332 (52.7)	9,193 (40.0)
(b) Defects of clothing only ...	3 (0.03)	3 (0.03)	9 (0.1)	7 (0.1)	2 (0.1)	—	16 (0.1)	11 (0.1)
(c) Defects of cleanliness only ...	59 (0.6)	233 (2.6)	189 (2.4)	559 (7.4)	2 (0.1)	2 (0.2)	260 (1.3)	823 (4.5)
(d) Minor dental defect with or without clothing and/or cleanliness defect(s) ...	1,948 (20.9)	1,942 (21.4)	148 (1.8)	166 (2.2)	24 (1.4)	6 (0.5)	2,156 (11.0)	2,176 (11.8)
Totals	19,287 (50.7)	19,287 (50.7)						

Teeth—	Sound	...	...	5,629 (60.5) 2,958 (31.8) 721 (7.7)	5,559 (61.5) 2,819 (31.1) 685 (7.6)	6,275 (78.2) 1,656 (20.6) 94 (1.2)	6,199 (81.5) 1,312 (17.3) 92 (1.2)	1,567 (90.7) 141 (8.2) 19 (1.1)	1,168 (95.7) 47 (3.8) 6 (0.5)	13,907 (70.9) 4,865 (24.8) 846 (4.3)	13,329 (72.3) 4,308 (23.4) 801 (4.3)	27,236 (71.6) 9,163 (24.1) 1,647 (4.3)
Visual acuity :—												
Children who wore glasses at ex- amination	With glasses—			197 (2.1) 28 (0.3) 2 (0.02)	204 (2.3) 28 (0.3) 4 (0.04)	670 (8.4) 197 (2.5) 35 (0.4)	754 (9.9) 217 (2.9) 47 (0.6)	359 (20.8) 62 (3.6) 9 (0.5)	313 (25.6) 42 (3.4) 12 (1.0)	1,254 (6.4) 298 (1.5) 50 (0.3)	1,313 (7.2) 296 (1.6) 66 (0.4)	2,567 (6.8) 594 (1.6) 116 (0.3)
	Without glasses			172 (1.9) 41 (0.4) 14 (0.2)	184 (2.1) 39 (0.4) 13 (0.1)	236 (2.9) 213 (2.7) 453 (5.6)	283 (3.7) 206 (2.7) 529 (7.0)	83 (4.8) 66 (3.8) 281 (16.3)	84 (6.9) 88 (7.2) 195 (16.0)	506 (2.6) 328 (1.7) 768 (3.9)	568 (3.1) 350 (1.9) 757 (4.1)	1,074 (2.8) 678 (1.8) 1,525 (4.0)
	Good, 6/6 ...			8,644 (93.9) 314 (3.4) 18 (0.2)	8,343 (93.0) 380 (4.2) 9 (0.1)	6,403 (70.8) 510 (6.4) 208 (2.6)	5,854 (77.0) 504 (6.6) 222 (2.9)	1,189 (68.8) 72 (4.2) 36 (2.1)	796 (65.2) 44 (3.6) 14 (1.1)	16,696 (85.6) 931 (4.8) 270 (1.4)	15,449 (84.2) 959 (5.2) 255 (1.4)	32,145 (85.0) 1,890 (5.0) 525 (1.4)
	Fair, 6/9, 6/12			162 (1.7) 6,297 (67.7) 2,849 (30.6)	160 (1.8) 6,160 (68.0) 2,743 (30.3)	14 (0.2) 7,737 (96.4) 274 (3.4)	17 (0.2) 7,334 (96.5) 252 (3.3)	5 (0.3) 1,646 (95.3) 76 (4.4)	1 (0.1) 1,200 (98.3) 20 (1.6)	190 (1.0) 16,101 (82.1) 3,317 (16.9)	187 (1.0) 15,126 (82.0) 3,125 (16.9)	377 (1.0) 31,227 (82.1) 6,442 (16.9)
	Not immunised			5,002 (53.7) 10 (0.1) 4,296 (46.2)	4,909 (54.2) 3 (0.03) 4,151 (45.8)	4,360 (54.3) 18 (0.2) 3,647 (45.4)	4,127 (54.3) 6 (0.1) 3,470 (45.6)	1,431 (82.9) 6 (0.3) 290 (16.8)	1,043 (85.4) 1 (0.1) 177 (14.5)	11,090 (56.6) 34 (0.2) 8,484 (43.3)	10,413 (56.5) 14 (0.1) 8,011 (43.4)	21,503 (56.5) 48 (0.1) 16,495 (43.4)
Diphtheria Immunisation	Partial ...	...	...	162 (1.7) 6,297 (67.7) 2,849 (30.6)	160 (1.8) 6,160 (68.0) 2,743 (30.3)	14 (0.2) 7,737 (96.4) 274 (3.4)	17 (0.2) 7,334 (96.5) 252 (3.3)	5 (0.3) 1,646 (95.3) 76 (4.4)	1 (0.1) 1,200 (98.3) 20 (1.6)	190 (1.0) 16,101 (82.1) 3,317 (16.9)	187 (1.0) 15,126 (82.0) 3,125 (16.9)	377 (1.0) 31,227 (82.1) 6,442 (16.9)
Smallpox Vaccination	Successful vaccination ...	...	...	5,002 (53.7) 10 (0.1) 4,296 (46.2)	4,909 (54.2) 3 (0.03) 4,151 (45.8)	4,360 (54.3) 18 (0.2) 3,647 (45.4)	4,127 (54.3) 6 (0.1) 3,470 (45.6)	1,431 (82.9) 6 (0.3) 290 (16.8)	1,043 (85.4) 1 (0.1) 177 (14.5)	11,090 (56.6) 34 (0.2) 8,484 (43.3)	10,413 (56.5) 14 (0.1) 8,011 (43.4)	21,503 (56.5) 48 (0.1) 16,495 (43.4)

TABLE III—SYSTEMATIC MEDICAL EXAMINATION OF  
ACCORDING TO REMEDIABILITY OF THE MAJOR

CLASSIFICATION	NO. OF CHILDREN EACH GROUP (AND		
	Entrants		
	Boys	Girls	Total
I. Children free from defects ... ..	5,480 (58.9)	5,571 (61.5)	11,051 (60.1)
II. Children (otherwise free from defects) who suffer from—			
(a) Defective vision not worse than 6/12 in the better eye with or without glasses; or ... ..	166 (1.8)	246 (2.7)	412 (2.2)
(b) Oral Sepsis ... ..	66 (0.7)	51 (0.6)	117 (0.6)
(c) Both (a) and (b) ... ..	3 (0.03)	1 (0.01)	4 (0.02)
Totals ... ..	235 (2.5)	298 (3.3)	533 (2.9)
III. Children suffering from ailments (other than those mentioned in II) from which complete recovery is anticipated within a few weeks ...	1,709 (18.3)	1,618 (17.9)	3,327 (18.1)
IV. Children suffering from (or suspected to be suffering from) defects less remediable than defects specified in II or III, distinguishing cases—			
(a) Where complete cure or restora- tion of function (in the case of eye defect, full correction) is considered possible ... ..	1,344 (14.4)	1,174 (13.0)	2,518 (13.7)
(b) Where improvement only is considered possible, <i>e.g.</i> , without complete restoration of function	536 (5.8)	396 (4.4)	932 (5.1)
Totals ... ..	1,880 (20.2)	1,570 (17.3)	3,450 (18.8)
V. Children suffering from defects from which improvement is not considered possible ... ..	4 (0.04)	6 (0.1)	10 (0.05)
Total numbers of children examined ...	9,308	9,063	18,371

\* Includes 1,099 children

CHILDREN IN ORDINARY SCHOOLS. CLASSIFICATION  
DEFECTS FOUND IN THE INDIVIDUAL CHILD.

EXAMINED IN PERCENTAGES).						No. OF CHILDREN EXAMINED (AND PERCENTAGES).		
13-year-olds			16-year-olds			*All ages Totals		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
5,598 (69.8)	5,304 (69.8)	10,902 (69.8)	1,308 (75.7)	955 (78.2)	2,263 (76.8)	12,764 (65.1)	12,203 (66.2)	24,967 (65.6)
562 (7.0)	587 (7.7)	1,149 (7.3)	102 (5.9)	69 (5.7)	171 (5.8)	864 (4.4)	931 (5.0)	1,795 (4.7)
67 (0.8)	57 (0.7)	124 (0.8)	10 (0.6)	3 (0.2)	13 (0.4)	144 (0.7)	114 (0.6)	258 (0.7)
3 (0.04)	6 (0.1)	9 (0.06)	1 (0.1)	—	1 (0.03)	7 (0.04)	8 (0.04)	15 (0.04)
632 (7.9)	650 (8.5)	1,282 (8.2)	113 (6.5)	72 (5.9)	185 (6.3)	1,015 (5.2)	1,053 (5.7)	2,068 (5.4)
836 (10.4)	803 (10.6)	1,639 (10.5)	163 (9.4)	93 (7.6)	256 (8.7)	2,773 (14.1)	2,592 (14.1)	5,365 (14.1)
600 (7.5)	558 (7.3)	1,158 (7.4)	75 (4.3)	55 (4.5)	130 (4.4)	2,057 (10.5)	1,827 (9.9)	3,884 (10.2)
336 (4.2)	276 (3.6)	612 (3.9)	63 (3.6)	45 (3.7)	108 (3.7)	965 (4.9)	742 (4.0)	1,707 (4.5)
936 (11.7)	834 (11.0)	1,770 (11.3)	138 (8.0)	100 (8.2)	238 (8.1)	3,022 (15.4)	2,569 (13.9)	5,591 (14.7)
23 (0.3)	12 (0.2)	35 (0.2)	5 (0.3)	1 (0.1)	6 (0.2)	34 (0.2)	21 (0.1)	55 (0.1)
8,025	7,603	15,628	1,727	1,221	2,948	19,608	18,438	38,046

outwith normal Age Groups.



TABLE IV--SOCIAL GROUP AND MEDICAL REMEDIABILITY CLASS.

By analysing the information obtained at systematic medical inspection it is possible to show the comparative health conditions of children belonging to each of the so-called Social Groups. In the following table, therefore, the occupations of the parents have been arranged in five groups and related to the medical remedibility classifications of Table III.

*Numbers and Percentages of Children in Ordinary Schools Placed in Various Medical (" Remediability ") Classes arranged according to Social Group of Parent.*

Social Group of Parent	1		2		3		4		5		Totals	
	Professional		Clerical		Skilled		Semi-skilled		Labouring			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I. Children free from defects (other than clothing, cleanliness or minor dental defects) ... ..	468	74.9	3,337	71.6	9,260	66.2	6,596	64.9	5,306	61.6	24,967	65.6
II. Children suffering only from slightly defective vision and/or oral sepsis	34	5.4	260	5.6	738	5.3	533	5.2	503	5.9	2,068	5.4
III. Children suffering from temporary defects (other than in II) ...	60	9.6	503	10.8	1,949	14.0	1,492	14.7	1,403	16.3	5,407	14.2
IV. Children suffering from curable or improvable defects ... ..	63	10.1	558	11.9	2,018	14.4	1,523	15.0	1,390	16.1	5,552	14.6
V. Children suffering from defects not considered improvable ... ..	—	—	4	0.1	19	0.1	19	0.2	10	0.1	52	0.2
Total Numbers of Children Examined	625	100.0	4,662	100.0	13,984	100.0	10,163	100.0	8,612	100.0	38,046	100.0

Perusal of the statistics in the table reveals the following :—

- (1) The percentage of children free from defects (Class 1) was greatest for Social Group 1 (Professional) and diminished progressively for each of the remaining groups.
- (2) Percentages in Classes III and IV increased more or less consistently from Social Group 1 to 5.



						Cases	Attendances
DENTAL—							
Ordinary	...	...	...	...	...	19,775	51,854
Orthodontic	...	...	...	...	...	185	3,622
REMAND HOMES	...	...	...	...	...	326	326
DEFECTIVE SPEECH	...	...	...	...	...	3,807	26,431
OCCUPATIONAL THERAPY	...	...	...	...	...	37	2,009

TABLE VI—DENTAL INSPECTION AND TREATMENT.

## (1) GENERAL STATISTICS.

Number of Children seen at Routine Dental Inspection							Special and Emer- gency Cases
Age in years	Number Inspected	With Dental Defects	Offered Treat- ment	Accept- ing Treat- ment	Treated	Made mentally fit	Number Treated
3 or under	...	3	3	3	8	28	15
4	...	11	10	10	4	40	23
Totals 0-4 years	...	14	13	13	12	68	38
5	...	5,601	4,411	4,323	1,628	1,305	489
6	...	6,549	5,383	5,224	1,976	2,062	840
7	...	6,542	5,457	5,313	1,851	1,960	893
8	...	6,188	5,145	4,958	1,650	1,965	997
9	...	6,099	4,983	4,769	1,432	1,881	960
10	...	5,810	4,478	4,267	1,323	1,614	903
11	...	5,420	4,082	3,895	1,166	1,394	836
12	...	1,836	1,453	1,342	437	631	374
13	...	60	24	24	24	132	67
14	...	64	44	44	43	104	59
15	...	48	37	37	36	60	44
16	...	9	7	7	7	9	8
17 or over	...	—	—	—	—	—	—
Total 5-17+ years	...	44,226	35,504	34,203	11,573	*13,117	6,470

No. of attendances for treatment : 0-4 years, 703 ; 5-17 years, 51,151 ;  
total 51,854

\* Includes 820 treated by Dental Auxiliaries.

## (2) DETAILS OF TREATMENT.

				Routine	Special and Emergency	Total
Fillings—permanent teeth	...	...	...	16,046	6,841	22,887
—deciduous teeth	...	...	...	4,472	751	5,223
Extractions (not incl. orthodontic)—						
—permanent teeth	...	...	...	2,075	2,016	4,091
—deciduous teeth	...	...	...	9,771	3,329	13,100
Administrations of general anaesthetic	...	...	...	340	193	533
Other operations—permanent teeth	...	...	...	9,095	3,945	13,040
—deciduous teeth	...	...	...	4,667	1,829	6,496
Dentures—partial	...	...	...	—	—	203
—full	...	...	...	—	—	4
Repairs to dentures	...	...	...	—	—	24
Radiographs—number of exposures (not incl. orthodontic)—						
intra-oral	...	...	...	—	—	290
extra-oral	...	...	...	—	—	7

## (3) ORTHODONTIC TREATMENT

Cases from previous year, 253 ; new cases, 185 ; cases completed, 101 ; cases discontinued, 33 ; cases continuing at end of year, 304 ; attendances for treatment, 3,622.

Diagnostic examinations, 212 ; cases treated—with removable appliances, 897, with fixed appliances, 17 ; repairs to appliances, 18 ; radiographs—intra-oral, 39 ; extra-oral, 3.

## (4) ALLOCATION OF TIME.

				Dental Surgeons	Dental Auxiliaries
Estimated number of half-days occupied in—					
routine inspection	...	...	...	254	—
treatment (other than orthodontic)	...	...	...	6,679	1,055
orthodontic treatment	...	...	...	533	—
maternity and child welfare	...	...	...	313	—
dental health education	...	...	...	175	798
administration	...	...	...	266	—
absence due to illness	...	...	...	320	50
supervision of auxiliaries	...	...	...	57	—

## (5) ADDITIONAL INFORMATION.

Fillings of permanent teeth included 10 crowns, 9 gold inlays and 22 root treatments.

TABLE VII—MORTALITY OF SCHOOL CHILDREN.

*Deaths During Year ended 31st December, 1964,  
of Children Aged 5-15 Years.*

Cause of Death	5-10 years		10-15 Years		All Ages		Totals
	Boys	Girls	Boys	Girls	Boys	Girls	
Other Infective and Parasitic Diseases—							
Staphylococcal septicaemia with cerebral abscess	—	—	—	1	—	1	1
Bilateral broncho-pneumonia, septicaemia ...	—	—	—	1	—	1	1
Staphylococcal septicaemia, lobar pneumonia ...	—	—	1	—	1	—	1
Malignant Neoplasms ... ..	—	—	3	1	3	1	4
Benign and Unspecified Neoplasms ... ..	—	—	—	1	—	1	1
Vascular Lesions affecting Central Nervous System	—	—	—	2	—	2	2
Other Nervous Diseases (including Mental Disorders)—							
Epilepsy ... ..	—	—	2	—	2	—	2
Cerebellar abscess, chronic suppurative otitis media ... ..	—	—	1	—	1	—	1
Broncho-pneumonia, severe spasticity ...	—	1	—	—	—	1	1
Arteriosclerotic and Degenerative Heart Disease	1	—	—	—	1	—	1
Pneumonia ... ..	1	1	1	1	2	2	4
Other Respiratory Diseases—							
Acute broncho-pneumonia, bronchiectasis ...	—	—	1	—	1	—	1
Haemorrhage, tonsillectomy ... ..	—	1	—	—	—	1	1
Pulmonary collapse, emphysema several years	1	—	—	—	1	—	1
Bronchitis ... ..	—	—	1	—	1	—	1
Appendicitis ... ..	1	—	—	—	1	—	1
Other Digestive Diseases—							
Fibrocystic disease of pancreas ... ..	—	1	—	—	—	1	1
Congenital Malformations ... ..	—	1	—	—	—	1	1
Ill-defined and Unknown Causes—							
Acute respiratory failure ... ..	1	—	—	—	1	—	1
All Other Diseases—							
Renal failure, chronic cystitis, myelocle ...	1	—	—	—	1	—	1
Violence—							
Road accidents ... ..	7	2	4	2	11	4	15
Other violent causes ... ..	14	6	7	3	21	9	30
Totals ... ..	27	13	21	12	48	25	73





GLASGOW  
CORPORATION  
PRINTING AND  
STATIONERY  
DEPARTMENT  
197 Pollokshaws Road  
GLASGOW S.1